

<b>Case Number:</b>	CM15-0107482		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/22/2004
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male, who sustained an industrial injury on 01/22/2004. According to a progress report dated 05/12/2015, the injured worker had low back pain. Pain level without medications was rated 10 on a scale of 1-10 and 6 with medications. Pain was stable, but his nausea was problematic. He was vomiting 3-4 times per day. Zofran was denied so his nausea and vomiting continued. It was once controlled with Compazine, but that had been denied as well. Hiccups continued throughout the day. Diagnoses included chronic pain syndrome and lumbar postlaminectomy syndrome. The treatment plan included MS Contin 60mg one tablet every day by oral route for 30 days, MS Contin 100mg take one tablet twice a day by oral route for 30 days, Oxycodone 10mg take one tablet every four hours by oral route as needed for 30 days, Clonazepam 0.5mg take one tablet every day by oral route for 30 days, MS Contin 100mg take one tablet twice a day by oral route for 15 days okay to fill on 05/12/2015 and Ondansetron 8mg one tablet every 8 hours by translingual route as needed for 30 days. The provider noted that after the last month, the injured worker was only approved for quantity of 30 for MS Contin 100mg because of an oversight from the insurance company. In an addendum to the first approval letter, he had since been approved the total prescription of 60 for the MS Contin, in addition to the other medications. For this reason the provider wrote for 2 weeks of MS Contin to supplement the short fill two weeks early to get him back on track with his other medications. Clonazepam helped him with muscle spasms at night time and allowed him to sleep. Zofran was essential to his care management. The injured worker had always had trouble with nausea and vomiting and was previously controlled with Compazine which was no longer

approved. With his vomiting of 3-4 times per day, it was difficult to determine how much of his medication may be vomited up as well. According to the provider, not only was he suffering from vomiting but he may not have been receiving maximum benefit from his pain medications. The provider preferred Compazine since it was more likely to help with the hiccups. A toxicology screen was appropriate from the previous visit. An opioid consent form was on file. The injured worker was permanent and stationary. Treatment to date has included medications, bone stimulators, morphine intrathecal pump, spinal cord stimulator, physical therapy and aqua therapy. In 2008 the injured worker underwent spinal fusion. Currently under review is the request for Morphine Sulfate (MS) Contin 60mg #30, Morphine Sulfate (MS) Contin 100mg #30, Oxycodone 10mg #180, Morphine Sulfate (MS) Contin 100mg #30 (okay to fill 05/12/2015), Clonazepam 0.5mg #30 with 2 refills, Ondansetron 8mg #90 with 3 refills and a toxicology screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Morphine Sulfate (MS) Contin 60 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and CA MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, current opioid dosing totals 360 MED. The MTUS guidelines recommends against opioid dosing above 120 MED. There was also minimal evidence of functional benefit, despite the high dosage of this medication. In addition, there was intractable nausea and vomiting associated with its use. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Morphine Sulfate (MS) Contin 100 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and CA MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, current opioid dosing totals 360 MED. The MTUS guidelines recommends against opioid dosing above 120 MED. There was also minimal evidence of functional benefit, despite the high dosage of this medication. In addition, there was intractable nausea and vomiting associated with its use. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Oxycodone 10 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, current opioid dosing totals 360 MED. The MTUS guidelines recommends against opioid dosing above 120 MED. There was also minimal evidence of functional benefit, despite the high dosage of this medication. In addition, there was intractable nausea and vomiting associated with its use. Medical necessity of the requested

medication has not been established. Of note, discontinuation of Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Morphine Sulfate (MS) Contin 100 mg #30 (ok to fill 5/12/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and CA MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, current opioid dosing totals 360 MED. The MTUS guidelines recommends against opioid dosing above 120 MED. There was also minimal evidence of functional benefit, despite the high dosage of this medication. In addition, there was intractable nausea and vomiting associated with its use. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Clonazepam 0.5 mg #30 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that support the long-term use of benzodiazepines.

In this case, however, the patient has been prescribed benzodiazepines (Temazepam) for long-term use. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Ondansetron 8 mg #90 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

**Decision rationale:** Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient had a previous urine drug screen reported on 4/3/2015 and there is no indication to repeat this test in a short time interval. Medical necessity for the requested testing has not been established. Therefore, the requested urine drug screening/toxicology screen is not medically necessary.