

Case Number:	CM15-0108545		
Date Assigned:	06/15/2015	Date of Injury:	07/17/2007
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

This 52 year old man sustained an industrial injury on 7/17/2007. The mechanism of injury is not detailed. Diagnoses include intervertebral lumbar disc disorder with myelopathy, neuralgia, myalgia and myositis, and acute gastritis. Comorbid conditions include obesity (BMI 36.33). Treatment has included oral medications. Physician notes dated 5/28/2015 show complaints of low back pain with radiation to right ankle. The pain lessens with use of medications. On exam there were moderate paralumbar and parathoracic muscle spasms but lower extremity neurologic exam was normal. Recommendations included continue use of Morphine sulfate, Percocet, and continue other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfur 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids; Weaning of Medications Page(s): 60-1, 74-96, 128.

Decision rationale: Morphine CR is a controlled-release form of morphine. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of morphine, including morphine equivalent dosing from use of other opioid medications, is 120 mg per day. One of the major risks of opioid therapy is the development of addiction. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. Even though the present provider is following these recommendations, is appropriately monitoring this patient and notes the improvement in pain control with the use of opioid preparations, the total dose of opioids (from Morphine CR and Percocet use) is 195 mg daily morphine equivalent dose. Despite the documented effectiveness in this dose this is significantly above the maximum dosing recommended. Even with use of these high opiate doses the patient is still having significant pain. For patient safety the dose should be lowered to a more acceptable and safe level. Because of this, the request for the medication at this dosage has not been established and is not medically necessary.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids; Weaning of medications Page(s): 60-1, 74-96, 128.

Decision rationale: Oxycodone/APAP (Percocet) is a combination medication made up of the semisynthetic opioid, oxycodone, and acetaminophen, better known as tylenol. It is indicated for treatment of moderate to severe pain and is available in immediate release and controlled release forms. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is up to 60-120 mg/day of oxycodone depending on the formulation. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the

development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. Even though the present provider is following these recommendations, is appropriately monitoring this patient and notes the improvement in pain control with the use of opioid preparations, the total dose of opioids (from Morphine CR and Percocet use) is 195 mg daily morphine equivalent dose. Despite the documented effectiveness in this dose this is significantly above the maximum dosing recommended. Even with use of these high opiate doses the patient is still having significant pain. For patient safety the dose should be lowered to a more acceptable and safe level. Because of this the requested medication at this dosage has not been established and is not medically necessary.