

<b>Case Number:</b>	CM15-0013358		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Internal 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 59 year old male sustained an industrial injury on 10/16/00, with subsequent ongoing bilateral knee, right shoulder and right wrist pain. The injured worker had undergone left knee replacement in 2006 with multiple revisions. In a progress note dated 12/31/14, the physician noted that the injured worker was there to refill medications. The injured worker had started a narcotics wean, however was having withdrawal symptoms and was requesting breakthrough medications. The injured worker stated that Clonidine help with withdrawal symptoms. Physical exam was remarkable for a wide spaced gait with a limp. The injured worker's affect was appropriate although depressed. Current diagnoses included chronic pain syndrome and left knee pain. The treatment plan included continuing to taper the injured worker's narcotics by continuing Morphine Sulfate 60mg twice a day, adding Norco 10 mg twice a day as needed, continuing Clonidine 0.2mg three times a day and planning to decreased Morphine to 100 morphine equivalence per day. The physician noted that Morphine Sulfate 30mg caplets and MS Contin 60mg every twelve hours had been stopped. On 1/15/15, Utilization Review noncertified a request for Morphine Sulfate ER 80 MG #60, Norco 10/325 MG #60 and MS Contin 60 MG #60. Utilization Review modified a request for Morphine Sulfate ER 60 MG #60 to Morphine Sulfate ER 60 MG #40 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 60 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-07.

**Decision rationale:** The documentation indicatives the enrollee has been treated with opioid therapy with Morphine for pain control. Per California MTUS Guidelines, long-acting opioids such as Morphine are seen as an effective method in controlling moderate to severe pain. They are often used with short-acting opioids for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long- acting opioid medications. In addition, the documentation indicates the claimant has had multiple urine tests which have tested positive for marijuana, amphetamine and methamphetamine. This represents illegal drug use. The opioid is being tapered but the requested amount exceeds the recommended number for tapering according to the protocol. Medical necessity for Morphine Sulfate ER 60mg #60 has not been established. The requested treatment is not medically necessary.

**Morphine Sulfate ER 80 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Morphine for pain control. Per California MTUS Guidelines, long-acting opioids such as Morphine are seen as an effective method in controlling moderate to severe pain. They are often used with short-acting opioids for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that

the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long- acting opioid medications. In addition, the documentation indicates the claimant has had multiple urine tests which have tested positive for marijuana, amphetamine and methamphetamine. This represents illegal drug use. The opioid is being tapered and there is no indication for the requested Morphine Sulfate ER 80mg # 60. Medical necessity for MS Contin has not been established. The requested treatment is not medically necessary.

**Norco 10/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Morphine for pain control. Per California MTUS Guidelines, long-acting opioids such as Morphine are seen as an effective method in controlling moderate to severe pain. They are often used with short-acting opioids for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long- acting opioid medications. In addition, the documentation indicates the claimant has had multiple urine tests which have tested positive for marijuana, amphetamine and methamphetamine. This represents illegal drug use. There is no indication for additional opiate therapy with Norco 10/325 as he is being weaned from use of Morphine. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.

**MS Contin 60 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Morphine for pain control. Per California MTUS Guidelines, long-acting opioids such as Morphine are seen as an effective method in controlling moderate to severe pain. They are often used with short-acting opioids for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long- acting opioid medications. In addition, the documentation indicates the claimant has had multiple urine tests which have tested positive for marijuana, amphetamine and methamphetamine. This represents illegal drug use. The opioid is being tapered and per the documentation MS Contin has been previously discontinued. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.