

<b>Case Number:</b>	CM15-0131482		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/10/2006
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 8/10/2006. He reported pain in his low back, radiating down his left leg. Diagnoses have included lumbar disc disease with radiculopathy, nerve root irritation, hypertension, gastritis, failed back syndrome and slow transit constipation. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, epidural steroid injection, lumbar surgery and medication. According to the progress report dated 6/16/2015, the injured worker reported that his low back pain was slightly improved from the intense pain of last month and was partially controlled enough with medication as to allow for walking and limited activities of daily living. He complained of low back pain with radiation of pain down the legs and bilateral leg numbness to the feet with weakness and intermittent pain. He complained of gastrointestinal issues and constipation. He complained of anxiety episodes associated with sleep disturbance from his pain. Objective findings revealed moderate paralumbar myospasm. Authorization was requested for Morphine and Miralax powder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine 15 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Morphine, California Pain Medical Treatment Guidelines state that Morphine is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Morphine is not medically necessary.

**Miralax Powder, 527 gms with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Miralax Powder, 527 gms with 2 refills, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. In the absence of such documentation, the currently requested Miralax Powder, 527 gms with 2 refills is not medically necessary.