

<b>Case Number:</b>	CM15-0141453		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 62-year-old female who sustained an industrial injury on 04/26/2010. According to a progress report dated 05/18/2015, the injured worker was seen for chronic low back pain due to lumbar disc displacement, spinal stenosis and sciatica. She reported that she wished to continue decreasing her pain medication as much as possible. She stated that she felt more alert at the decreased dose of Morphine and was receiving the same amount of pain relief that she was when she was taking 115 mg 3 times daily. She was currently at 60 mg 3 times daily and wished to decrease to 50 mg 3 times daily. She also wished to discontinue Soma. Ibuprofen taken between Morphine doses helped to provide pain relief. Her current medication regimen included Soma, Mirtazapine, and Morphine Sulfate ER 60 mg every 8 hours, Aspirin, Bisoprolol Fumarate, Bupropion, Furosemide, Glipizide, Lisinopril, Metformin Hcl, Nitro-dur, Simvastatin, Codeine-guaifenesin, Lipitor, Gabapentin and Fluoxetine. She continued to have constant low back pain with intermittent radiation into the bilateral lower extremities. She reported weakness in her legs and had experienced frequent falls recently. Diagnoses included lumbar disc displacement without myelopathy, stenosis spinal lumbar, disorders sacrum and sciatica. Morphine Sulfate ER was decreased to 50 mg three times a day. On 06/19/2015, the injured worker reported that she suffered another fall 2 days earlier and sprained her left ankle again. She also fell shortly after her last appointment and experienced significant bilateral ankle pain. Given her increased pain level after her recent fall, the injured worker wished to remain at the current dose of Morphine Sulfate ER 50 mg three times a day. According to a progress report dated 06/29/2015, the injured worker called the office the week prior and requested that the provider prescribe her 15 mg tablets of extended release morphine. She was told that her insurance would only pay for 15 mg tablets. She was previously taking 50 mg 3 times daily.

There was a miscommunication and she was provided with a prescription for one 15 mg tablets 3 times daily. The injured worker stated that she meant to ask for three 15 mg tablets 3 times daily for a total of 9 tablets per day. The provider noted that this would be 45 mg 3 times daily, and a 15 mg decrease in her total daily dose. She was currently requesting another prescription for 45 mg 3 times daily since she would have enough medication to last until her next visit. The treatment plan included Morphine Sulfate ER 15 mg tablet, 3 tablets 3 times daily quantity 144. Currently under review is the request for Morphine Sulfate ER 15 mg.

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

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

#### **Morphine Sulfate ER 15mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** Based on the 6/29/15 progress report provided by the treating physician, this patient presents with low back pain and lower extremity pain. The treater has asked for Morphine Sulfate ER 15mg on 6/25/15. The patient's diagnoses per Request for Authorization form dated 6/25/15 are lumbar disc displacement without myelopathy, stenosis spinal lumbar, disorders sacrum, and sciatica. The patient is two s/p a new injury, which was a fall and left ankle sprain per 6/19/15 report. The patient has weakness in the lower extremities, as well as significant bilateral ankle pain per 6/19/15 report. The patient is currently taking Morphine per 6/19/15 report. The patient has difficulty ambulating even with a walker per 6/19/15 report. The patient's work status is "not yet at MMI" per 6/29/15 report. MTUS Guidelines Criteria for Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. In this case, the treater has requested Morphine, which has been prescribed since 2/23/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's,

the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES, and no opioid contract provided in the provided reports. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.