

Case Number:	CM15-0181193		
Date Assigned:	09/22/2015	Date of Injury:	07/09/2001
Decision Date:	10/28/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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: Washington, 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:

The injured worker is a 53 year old male who sustained an industrial injury on 07-09-2001. A review of the medical records indicated that the injured worker (IW) has been undergoing treatment for major depression, failed back surgery syndrome with secondary bilateral sacroiliitis and piriformis syndrome. Treatment to date has included L4-5 fusion with hardware (2003), neural stimulator transplantation (2006), physical therapy (PT), sacroiliac injections, trochanteric bursa injections, work restrictions, and pain medications. Medical records (01-20-2015 to 08-18-2015) indicate ongoing and increasing low back and bilateral leg pain without medications, which is controlled with medications: Pain levels were 9-10 out of 10 on a visual analog scale (VAS) without medications, and 5/10 with medications. Average pain levels before using medication were noted to have increased from 7/10 on 01-2015 to 10/10 on 07-13-2015. The IW was noted by the provider to be doing well and was functional with medication regime: OxyContin 120mg per day, up to 80 mg of Percocet per day, and up to 16mg of tizanidine per day. Per the treating physician's progress report (PR), the IW has not returned to work and is permanently disabled. The physical exam, dated 08-18-2015, revealed that the injured worker was unable to sit during the office visit, had an antalgic gait using a cane, favoring the right leg and had pain upon extension of the lumbar spine. The request for authorization (08-19-2015) requested: morphine sulfate tablet 100mg #150. The original utilization review (08-26-2015) non-certified the request for morphine sul tablet 100mg #150 based on the lack of supportive documentation or information for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sul Tab 100 MG Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: MS Contin (morphine sulfate) 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 recommended by the MTUS, including morphine equivalent dosing from use of other opioid medications, is 120 mg per day, use of opioids above this level require consultation with pain specialists. One of the major risks of opioid therapy is the development of addiction. The pain guidelines in the MTUS directly address this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. Review of the available medical records revealed no documentation of use of first line medications before use of opioid medications but the records only covered the last 6 months and began with the patient already of the opioid medication regime. Other than use of first-line medications the records show that the prescribing provider, a pain consultant, is following the MTUS criteria. The dosage of opioids had been stable for at least 4 months. The total daily dose of opioids (from OxyContin and Percocet) is 300 mg MED which is significantly higher than recommended by the MTUS. This high dosage is allowed by the guidelines as long as it is done under the aegis of a pain medicine consultant. The crux of the decision for continued use of this high dosage of opioids is whether this dose is controlling pain verses due to opioid hyperalgesia and opioid addiction. The worsening pain pattern for the last 6 months suggests that opioid hyperalgesia is present. Therefore, opioid weaning is recommended. The request for continued use of high dose morphine sulfate is not medically necessary and has not been established.