MAXIMUS Federal Services

Case Number:	CM15-0182814		
Date Assigned:	09/23/2015	Date of Injury:	09/10/2010
Decision Date:	11/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 male sustained an industrial injury on 9-10-10. Documentation indicated that the injured worker was receiving treatment for chronic back pain, lumbar spondylosis, myofascial pain, post traumatic stress disorder, anxiety, depression, poor sleep, hypertension, left shoulder pain and left hip pain. Recent treatment consisted of medication management. In a pain management follow-up dated 6-29-15, the injured worker complained of pain rated 4 to 6 out of 10 of 10 on the visual analog scale. The injured worker complained of poor sleep quality with 2-3 hours of uninterrupted sleep. The treatment plan included continuing medications (MS Contin, Morphine Sulfate IR, Fentora and Linzess). In a pain management follow-up dated 8-24-15, the injured worker complained of pain 7 to 8 out of 10 on the visual analog scale. The injured worker reported that Linzess was no longer covered. The injured worker was now having trouble with constipation, nausea, vomiting and headaches. The injured worker also reported poor sleep quality due to pain with 2-3 hours of uninterrupted sleep. The physician noted that the injured worker was sitting in the exam chair complained of ongoing baseline back pain to the left side over the lower thoracic spine consistent with spondylosis, ongoing low back pain at the lower thoracic spine and left leg pain to the mid-calf. The physician documented that the injured worker had both radicular and facet pain on the thoracic spine and lumbar spine. The treatment plan included continuing medications (MS Contin, Morphine Sulfate IR and Fentora) and a trial of Movantik and Relistor, continuing home exercise, requesting authorization for left T9-11 medial branch block, considering a spine surgeon consultation and intrathecal pump, requesting a transcutaneous electrical nerve stimulator unit and continuing psychiatry follow-

up.The 12/15/2014 UDS was noted to be consistent. On 9-1-15, Utilization Review noncertified a request for MS Contin 60mg #90, Morphine Sulfate IR 30mg #120, Fentora 400ugm #56 and Movantik 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Chronic pain programs, opioids, Medications for chronic pain, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, psychological intervention, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedative agents. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treatment with anticonvulsant and antidepressant co-analgesic medications. The records did not show that the patient failed treatment with NSAIDs and non opioid co-analgesics medications. The presence of persistent subjective complaints of severe pain and lack of significant functional restoration despite utilization of high doses of opioid medications is indicative of development of opioid induced hyperalgesia. The guidelines recommend that chronic pain patients with coexisting psychosomatic disorders be referred to chronic pain programs or addiction centers for safe weaning schedule when indicated. The request for the use of MS Contin 60mg #90 is not medically necessary.

Morphine Sulfate IR 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedative agents. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treatment with anticonvulsant and antidepressant co-analgesic medications. The records did not show that the patient failed treatment with NSAIDs and non opioid co-analgesics medications. The presence of persistent subjective complaints of severe pain and lack of significant functional restoration despite utilization of high doses of opioid medications is indicative of development of opioid induced hyperalgesia. The guidelines recommend that chronic pain patients with coexisting psychosomatic disorders be referred to chronic pain programs or addiction centers for safe weaning schedule when indicated. The request for the use of Morphine sulfate IR 30mg #120 is not medically necessary.

Fentora 400ugm #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, psychological intervention, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesic, exercise and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedative agents. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treatment with anticonvulsant and antidepressant co-analgesic medications. The records did not show that the patient failed treatment with NSAIDs and non opioid co-analgesics medications. The presence of persistent subjective complaints of severe pain and lack of significant functional restoration despite utilization of high doses of opioid medications is indicative of development of opioid induced hyperalgesia. The guidelines recommend that chronic pain patients with coexisting psychosomatic disorders be referred to chronic pain programs or addiction centers for safe weaning schedule when indicated. The request for the use of Fentora 400ugm #56 is not medically necessary.

Movantik 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prophylactic treatment of opioid induced constipation when non medication measures such as increase in fluid and fiber intake have failed. The records indicate that the patient is utilizing high doses of opioid medications. The reduction or discontinuation of opioids due to non certification indicates that the use of Movantik is no longer necessary. The request for the use of Movantik 25mg #30 is not medically necessary.