MAXIMUS Federal Services

Case Number:	CM15-0185542		
Date Assigned:	09/25/2015	Date of Injury:	09/11/1984
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 62 year old male who sustained an industrial injury on 09-11-1984. According to a pain management progress report dated 08-03-2015, the injured worker reported low back and left leg pain. The provider noted that the injured worker returned after a one month interval "doing poorly overall". The injured worker was upset because Workers' Compensation was not allowing his "low dose opioids" that had allowed him a "modicum of functioning" such as walking daily and doing activities of daily living. The provider noted pain relief, no untoward effects of medications, an opioid agreement and consistent urine drug screens and CURES reports. Medication regimen included Morphine Sulfate ER 15 mg every 12 hours and Morphine Sulfate IR 15 mg every four hours as needed for back pain "used rarely". Worst pain for the last week was rated 5. Least pain was rated 2. Average pain was rated 3. Initial pain was rated 4. Pain was constant. The treatment plan included continuation of chronic pain management through monthly visits and request authorization for current medications again. According to a primary treating physician's progress report dated 08-18-2015, the injured worker reported low back pain with a minimum of left anterior thigh numbness. On medication, back pain was rated 5 on a scale of 10 frequently and leg pain was rated 3 or less intermittently. The injured worker reported difficulties getting his medications prescribed by the pain management provider. The injured worker had a transforaminal epidural at L2 and L3 on 03-10-2015 and "was still enjoying some benefit from those". Diagnoses included lumbar degenerative disc disease, lumbar spondylosis and chronic back pain. The provider noted that the "very modest amount of medication" kept the injured worker functional with occasional transforaminal epidural and that if his medication was

cut any further that he would not be a "community ambulatory" and his only choice thereafter would be a fusion surgery. Work status was noted as permanent and stationary on future medical. According to a pain management progress report dated 08-31-2015, the injured worker reported low back and left leg pain. Pain was described as "moderate" throbbing and "moderate aching". Worst pain for the last week was rated 6. Least pain was rated 3. Average pain was rated 5. Initial pain was rated 5. Pain was constant. The provider noted that the injured continued to have pain but with the use of low dose Morphine had been able to do activities of daily living and have a higher quality of life. Specific examples of improvement were not listed by the provider in this report. A CURES report on 07-01-2015 was consistent. An informed consent for use of chronic opioid therapy was noted. Medication regimen included Morphine Sulfate ER 15 mg every 12 hours and Morphine Sulfate IR 15 mg every four hours as needed for back pain "used rarely". Problem list included degeneration of lumbar or lumbosacral intervertebral disc and chronic pain due to trauma. The treatment plan included continuation of chronic pain management through monthly visits and request authorization for current medications again. Medical records submitted for review show use of Morphine Sulfate IR and Morphine Sulfate ER dating back to 2011. Urine drug screen reports were not submitted for review. An authorization request dated 09-01-2015 was submitted for review. The requested services included Morphine Sulfate IR 15 mg #60 and Morphine Sulfate ER 15mg #60. On 09-04-2015, Utilization Review non-certified the request for MSIR (Morphine Sulfate IR) 15 mg #60 and modified the request for MSER (Morphine Sulfate ER) 15 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR (Morphine Sulfate IR) 15mg #60: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1984 and continues to be treated for chronic back pain and left lower extremity pain. Treatments have included lumbar facet radiofrequency ablation procedures with benefit. In June 2015, he had an original pain score of 8/10 and a current score of 3/10. He had an improved activity level. MSIR 15 mg #30 and MSER 15 mg #30 were being prescribed. On 07/01/15 pain was rated at 1-4/10. When seen on 08/03/15 he was doing poorly. Pain was rated at 2-5/10. He was trying to avoid major back surgery. Physical examination findings included a body mass index of 39. The assessment references increased dysphoria around mistreatment by his workers compensation carrier and requests authorization for his current medications. However, MSIR 15 mg #60 and MSER 15 mg #60 were requested. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life. MSIR is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing decreased pain. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing at 15 mg #30 per day was medically necessary. However, the request submitted was for 15 mg #60, with no rationale given. For this reason, the request is not medically necessary.

MSER (Morphine Sulfate ER) 15mg #60: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1984 and continues to be treated for chronic back pain and left lower extremity pain. Treatments have included lumbar facet radiofrequency ablation procedures with benefit. In June 2015, he had an original pain score of 8/10 and a current score of 3/10. He had an improved activity level. MSIR 15 mg #30 and MSER 15 mg #30 were being prescribed. On 07/01/15, pain was rated at 1-4/10. When seen on 08/03/15 he was doing poorly. Pain was rated at 2-5/10. He was trying to avoid major back surgery. Physical examination findings included a body mass index of 39. The assessment references increased dysphoria around mistreatment by his workers compensation carrier and requests authorization for his current medications. However, MSIR 15 mg #60 and MSER 15 mg #60 were requested. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MSER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing decreased pain. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing at 15 mg #30 per day was medically necessary. However, the request submitted was for 15 mg #60, with no rationale given. For this reason, the request is not medically necessary.