

Case Number:	CM15-0192486		
Date Assigned:	10/06/2015	Date of Injury:	03/08/2001
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: New York
Certification(s)/Specialty: Internal 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:

This is a 53-year-old female with a date of industrial injury 3-8-2001. The medical records indicated the injured worker (IW) was treated for dysthymic disorder, generalized anxiety disorder, lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified; postlaminectomy syndrome of the lumbar region; intervertebral disc disorder with myelopathy, lumbar region; and degeneration of lumbar or lumbosacral intervertebral disc. In the progress notes (9-4-15), the IW reported increased low back pain and left (lower) extremity and head pain due to medications being taken from her. She rated her pain 10 out of 10, with and without medications. (At her 7-17-15 she was combative, delusional and smelled of alcohol. She subsequently went to rehab for alcohol issues and had only a few days' worth of meds.) The records stated MSER (since at least 5-2015) and MSIR helped her pain and improved her function. She was taking Morphine sulfate (since at least 2-2015), Soma (since at least 2-2015) and Clonazepam; MSER was on hold. Embeda was prescribed to replace all oral extended release opiates due to the potential for overdose. On examination (9-4-15 notes), she was diaphoretic, she walked with a cane and wore a brace on her left wrist. Her judgment was poor, she was generally disoriented, her mood was depressed and recent recall was poor. Her speech was slurred and somewhat incoherent. Hoffmann's sign was positive on the right side of the neck. The low back was tender to palpation over the lumbosacral facets, left greater than right and was tender over L5 at the midline. Straight leg raise was positive bilaterally. Sensation was decreased in the left L1 through S1 dermatomes and in the right L3 through L5 dermatomes. Deep tendon reflexes in the lower extremities were decreased but equal. Treatments included weight loss, physical therapy, epidural injections and acupuncture, which were helpful and lumbar fusion.

She previously failed Gabapentin, Dilaudid and Methadone. The IW was temporarily totally disabled. There was a signed pain management agreement and urine drug screens in March and April were inconsistent with prescribed medications, according to the Agreed Medical Evaluation dated 7-6-15. A Request for Authorization was received for Morphine sulfate 30mg, #180, MS Contin 100mg, #90, Soma 350mg, #60 and Embeda 100-4mg, #90. The Utilization Review on 9-24-15 non-certified the request for Morphine sulfate 30mg, #180, MS Contin 100mg, #90, Soma 350mg, #60 and modified the request for Embeda 100-4mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Morphine Sulfate 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

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

Decision rationale: According to ODG and MTUS, Morphine Sulfate is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication, has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication: 1 prescription of Morphine Sulfate 30mg #180 is not medically necessary.

1 prescription of MS Contin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

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

Decision rationale: According to ODG and MTUS, MS Contin is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication, has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication: 1 prescription of MS Contin 100mg #90 is not medically necessary.

1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication: 1 prescription of Soma 350mg #60 is not medically necessary.

1 prescription of Embeda 100/4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Embeda (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Embeda (morphine /naltrexone).

Decision rationale: As per Official Disability Guidelines (ODG), Embeda is recommended as an option for patients who are at risk for abuse of opioids by altering recommended oral use. This medication is designed to alter oral use and thus prevent patients from abusing opioids. As it is resistant to being crushed or dissolved, Embeda does not allow for nasal use (insufflation), chewing and /or intravenous use. Other tamper resistant agents on the market

include Suboxone (buprenorphine/ naloxone), Opana (oxymorphone), Exalgo (hydromorphone), and OxyContin (oxycodone controlled release). The FDA has approved morphine sulfate and naltrexone hydrochloride extended-release capsules (Embeda) for once- or twice-daily use in the management of moderate to severe pain when continuous, around-the-clock opioid analgesic therapy is warranted for an extended period. Records do not indicate injured worker to be at risk for opioid abuse. This injured worker has been on opioids despite no documentation of functional benefit. There is no clear rationale in the medical records that meets the recommended guidelines for this prescription. Of note, discontinuation should include a taper to avoid withdrawal symptoms. The requested medication: 1 prescription of Embeda 100/4mg #90 is not medically necessary.