

<b>Case Number:</b>	CM15-0204079		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 41 year old female who sustained an industrial injury on 03-02-2012. Medical records indicated the worker was treated for back and right knee pain. In the provider notes of 09-15-2015, the worker is seen for her back and right knee pain. She has had this pain for two years, and she describes it as constant, aching, sharp and shocking radiating to the back. Pain is made worse by bending, position change, increased activity and movement. She has difficulty staying asleep due to pain, feels "blue" all the time, and is frustrated because of pain and muscle cramps. These symptoms are unchanged from her visit of 03-12-2015 with exception of her pain intensity which she describes at this visit as a 10 on a scale of 10. On examination, she has a well healing wound on her back where her spinal cord stimulator was removed on 09-01-2015 due to significant local pain over the generator site. Current medications include Opana E, Zanaflex, Rellistor, Lidoderm patches, Oxymorphone 10mg for breakthrough pain, gabapentin, trazodone, and venlafaxine. The plan of care included prescription of one week supply of MSIR secondary to denial of her breakthrough pain reliever medication. A request for authorization was submitted for Morphine IR 30mg, #50 (1-2 every 8 hrs. for 8 days). A utilization review decision 10-02-2015 modified the request to approve #45 of the requested #50.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine IR 30mg, #50 (1-2 every 8 hrs for 8 days): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine, Opioids, criteria for use, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 9/8/15) Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list.

**Decision rationale:** [REDACTED]

[REDACTED] She had right knee pain. She underwent arthroscopic surgery in November 2012. She continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. On 09/01/15 a spinal cord stimulator was explanted. On 09/02/15 Subsys 600 g #120 was prescribed but was not authorized. When seen on 09/15/15 she had constant pain rated at 10/10. She was frustrated that her medications had not been authorized. She was seen with her nurse case manager. Physical examination findings included a body mass index of 33. Her wound was continuing to heal well. A one-week supply of immediate release morphine (MSIR) 30 mg #50 was prescribed with a daily MED (morphine equivalent dose) of up to an average of 215 mg per day. She was continuing to take Opana ER 10 mg #60 for 10 days and Opana 10 mg #90 for 15 days. The average daily MED from these medications was 480 mg per day. MSIR is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when she was having severe pain. Although there were no identified issues of abuse or addiction, the claimant was already taking an immediate release opioid for breakthrough pain at an equivalent MED per dose of 40 mg versus the 30 mg dose of MSIR. The total MED was more than 5 times that recommended for the treatment of nonmalignant pain. Prescribing two medications for breakthrough pain at equivalent doses and at this total MED is not medically necessary.