

<b>Case Number:</b>	CM15-0207815		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/19/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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(n) 53 year old male, who sustained an industrial injury on 5-19-04. The injured worker was diagnosed as having lumbar disc disorder, lumbar radiculopathy and knee pain. Subjective findings (2-18-15, 5-19-15 and 8-18-15) indicated pain in the lower back and left knee. The injured worker rated his pain 4 out of 10 pain with medications allowing for improved function and mood and 8-9 out of 10 pain without medications. Objective findings (2-18-15, 5-19-15 and 8-18-15) revealed a positive straight leg raise test bilaterally and tenderness along the medial and lateral joint knee. There is also decreased sensation at S1 bilaterally and tenderness along the bilateral sacroiliac joints and coccyx. As of the PR2 dated 9-17-15, the injured worker reports 3 out of 10 pain with medications allowing for improved function and mood and 9 out of 10 pain without medications. Objective findings include a positive straight leg raise test bilaterally and tenderness along the medial and lateral joint knee. Current medications include Lyrica, Cymbalta, Voltaren gel, Omeprazole, Percocet (since at least 2-18-15), Amitriptyline (since at least 2-18-15), Morphine Sulfate CR (since at least 4-21-15), Morphine Sulfate ER (since at least 2-18-15) and Morphine Sulfate (since at least 6-30-15). Treatment to date has included a left knee MRI on 12-16-14, viscosupplementation to the knee in 2013 and 2014 and a lumbar epidural steroid injection x 3 (dates of service not provided). The Utilization Review dated 10-16-15, non-certified the request for Morphine Sulfate ER 20mg #30, Percocet 10-325mg #180, Morphine Sulfate CR 30mg #60, Morphine Sulfate 15mg #30 and Amitriptyline 100mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Morphine sulfate ER 20mg #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): Opioids for chronic pain.

**Decision rationale:** The MTUS recommends Morphine sulfate ER for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Morphine sulfate ER 20mg #30 is not medically necessary.

### **Percocet 10/325mg #180:** 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.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 10/325mg #180 is not medically necessary.

### **Morphine sulfate CR 30mg #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 for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Morphine sulfate CR, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 4 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Morphine sulfate CR 30mg #60 is not medically necessary.

**Morphine sulfate 15mg #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): Opioids for chronic pain.

**Decision rationale:** The MTUS recommends Morphine sulfate for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Morphine sulfate 15mg #30 is not medically necessary.

**Amitriptyline HCL 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Amitriptyline.

**Decision rationale:** According to the Official Disability Guidelines, amitriptyline is a tricyclic antidepressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no documentation supporting any functional improvement with the continued long-term use of Amitriptyline HCL. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Amitriptyline HCL 100mg #30 is not medically necessary.