

Case Number:	CM15-0217250		
Date Assigned:	11/09/2015	Date of Injury:	10/23/1973
Decision Date:	12/18/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/04/2015

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: Emergency 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 (IW) is a 70 year old male, who sustained an industrial injury on 10-23-1973. The injured worker is being treated for sacroiliitis, lumbar-lumbosacral disc degeneration and lumbago. Treatment to date has included diagnostics, surgical intervention (laminotomy 1972), medications, epidural injections, left lumbar medial branch block (3-09-2015) and bilateral sacroiliac joint injection. Per the Orthopedic Progress Report dated 9-11-2015, the injured worker presented for follow-up. He "would like to have an injection done." Pain is in the bilateral back with minimal radiation to the posterior legs and knee thought secondary to chronic SI joint dysfunction versus spinal stenosis versus facet arthropathy. A diagnostic injection was done previously with "excellent improvement for a short time." He reported his pain as 6 out of 10 in severity. Pain medications improve the pain somewhat without side effects. Current medications include Norco, Morphine, Fentanyl and Prilosec. Objective findings included tenderness to the paraspinal muscles with normal, painful ranges of motion. Per the records submitted for review, the IW has been prescribed morphine and Fentanyl since at least 5-22-2015. Per the medical records dated 5-22-2015 to 9-11-2015 there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The plan of care included, and authorization was requested for one prescription morphine sulfate 30mg ER #300 and Fentanyl 75mcg patches #10. On 10-30-2015, Utilization Review modified the request for one prescription of morphine sulfate 30mg ER #300 and noncertified the request for one prescription of Fentanyl 75mcg patches #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Morphine Sulfate 30mg ER #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: Morphine Sulfate is an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Maximum recommended dose is 120mg Morphone Equivalent Dose per day. Documentation fails criteria and the amount of opioids patient is currently on is not appropriate and dangerous. Patient takes 300mg of Morphine Sulfate a day and Norco 10mg up to 8tabs a day and is also on Fentanyl patch at 75mcg/hr. In combination, patient is 560mg MED a day, almost 5 times above the maximum recommended dose. There is a high risk for side effects, death and hyperalgesia. Guidelines show little to no benefit at such high dose of opioids. There is little documentation of benefit. There is noted side effects. Provider has no long-term plan and has actually attempted to increase opioids and not wean it down. Current opioid regiment is unsafe and inappropriate. The request is not medically necessary.

1 prescription of Fentanyl 75mcg Patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: Fentanyl is a high potency is an opioid. It has multiple restriction as per FDA and is considered a high-risk medication. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Maximum recommended dose is 120mg Morphone Equivalent Dose per day. Documentation fails criteria and the amount of opioids patient is currently on is not appropriate and dangerous. Patient takes 300mg of Morphine Sulfate a day and Norco 10mg up to 8tabs a day and is also on Fentanyl patch at 75mcg/hr. In combination, patient is 560mg MED a day, almost 5 times above the maximum recommended dose. There is a high risk for side effects, death and hyperalgesia. Guidelines show little to no benefit at such high dose of opioids. There is little documentation of benefit. There is noted side effects. Provider has no long-term plan and has actually attempted to increase opioids and not wean it down. Current opioid regiment is unsafe and inappropriate. The request is not medically necessary.