

<b>Case Number:</b>	CM15-0221700		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	08/20/2006
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Washington, 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 62 year old male who sustained an industrial injury on 8-20-06. He was diagnosed as having lumbar degenerative disc disease and failed spinal fusion syndrome. Comorbid conditions include diabetes and obesity (BMI 34.6). Treatment to date has included surgery (three level fusion), physical therapy, cane, and medications. Last urine drug screen done on 10-13-15 and was consistent with prescribed medications. Medical records on 8-31-15 indicated continued low back pain. Objective findings revealed tenderness in left lower lumbar and sacroiliac areas, good lumbar range of motion, and normal lower extremity motor and sensory exams. Medical records on 9-10-15 noted that the patient has been going to Emergency Rooms for treatment of his back pain because the pharmacy would not refill his pain medications. Medical records dated 10-13-15 reported the injured worker continued to experience constant low back pain. Current medications include Tramadol, Norco, Gabapentin, Soma, ibuprofen and acetaminophen. Objective findings included a positive straight leg raise test on the right, weakness in the right hamstring muscles, decreased right patellar reflex, and right lumbar paravertebral muscle tenderness. Plan included stopping Tramadol and Norco, beginning MS Contin and MSIR. The Utilization Review dated 10-26-15, non-certified the request for MS Contin 30mg #60 and MSIR 15mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Oral morphine.

**Decision rationale:** MS Contin is a controlled-release form of morphine. It is recommended for moderate to severe pain. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non-radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient has neuropathic pain and has failed therapy with a first-line agent (gabapentin). Use of opioids are an option in therapy. The provider wants to stop the patient's present opioids (Tramadol and Norco) and begin long and short-acting morphine medications. However, at this point in the care of this patient the safe use of chronic opioid therapy is at question. There is no documentation of a patient opioid use contract, comments on side effects from opioid therapies or any notation as to the effectiveness of the opioid therapy. The safe use of chronic opioid therapy should have this documentation. Additionally, the patient has been to multiple providers (multiple Emergency Room visits) for pain medications, which would be a violation of the patient single provider opioid contract. Medical necessity for the continued safe use of opioid medication has not been established.

**MSIR 15 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids for osteoarthritis, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction,

Opioid hyperalgesia, Oral morphine.

**Decision rationale:** MSIR (morphine sulfate) is an immediate release form of morphine. It is recommended for moderate to severe pain. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non-radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient has neuropathic pain and has failed therapy with a first-line agent (gabapentin). Use of opioids are an option in therapy. The provider wants to stop the patient's present opioids (Tramadol and Norco) and begin long and short-acting morphine medications. However, at this point in the care of this patient the safe use of chronic opioid therapy is at question. There is no documentation of a patient opioid use contract, comments on side effects from opioid therapies or any notation as to the effectiveness of the opioid therapy. The safe use of chronic opioid therapy should have this documentation. Additionally, the patient has been to multiple providers (multiple Emergency Room visits) for pain medications, which would be a violation of the patient single provider opioid contract. Medical necessity for the continued safe use of opioid medication has not been established.