

<b>Case Number:</b>	CM15-0046647		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/19/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: California, Indiana, 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:

The injured worker is a 50-year-old male, who sustained an industrial injury on March 19, 1997. The injured worker was diagnosed as having failed back surgery syndrome, intractable back pain, lumbar radiculopathy, fibromyalgia, depression, chronic pain syndrome and insomnia. Treatment and diagnostic studies to date have included spinal cord stimulator, surgery and medication. A progress note dated February 3, 2015 the injured worker complains of worsening low back pain down to knees, urinary incontinence and bowel incontinence. Pain is rated 7/10. Physical exam notes a stooped antalgic gait and a walker for ambulation. The plan includes oral medication and lumbar surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 15mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate 15 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are failed back surgery syndrome lumbar spine with primarily low back pain; left knee degenerative joint disease; and postoperative left knee status post bilateral meniscus tear. The oldest progress note of the medical record is dated August 26, 2014. Medications include Morphine sulfate IR 30 mg and OxyContin 40 mg every eight hours. Aberrant behavior documented in the medical record referenced the inability of the injured worker to leave urine drug screen (on that date) and a history of stolen medications in the remote past. The injured worker was considered a moderate risk for drug misuse and abuse. A February 3 2015 progress note showed Morphine sulfate IR and OxyContin 40 mg refills. A February 19, 2015 progress note, subjectively, showed low back pain was improved with a medial branch block. Reportedly, the injured worker takes 10 pills/medications today. The treating physician does not break down the "10 pills" per day. It is unclear whether this references opiates, muscle relaxants or proton pump inhibitors separately or together. The injured worker as a VAS pain scale of 9/10 at the knee and 5/10 at the lower back. The documentation does not show objective functional improvement with ongoing medications. In addition to Morphine sulfate IR and OxyContin 40 mg, the injured worker takes Norco, Flexeril, ibuprofen and Protonix. Morphine sulfate IR is not written on a PRN basis. There has been no attempt at weaning Morphine sulfate 15 mg documented in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement in association with VAS pain scores of 9/10 (knee) and 5/10 lower back with moderate risk drug related behavior, Morphine sulfate 15 mg #90 is not medically necessary.

**Oxycontin 30mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 30 mg #120 is not medically necessary. Ongoing, chronic

opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are failed back surgery syndrome lumbar spine with primarily low back pain; left knee degenerative joint disease; and postoperative left knee status post bilateral meniscus tear. The oldest progress note of the medical record is dated August 26, 2014. Medications include Morphine sulfate IR 30 mg and OxyContin 40 mg every eight hours. Aberrant behavior documented in the medical record referenced the inability of the injured worker to leave urine drug screen (on that date) and a history of stolen medications in the remote past. The injured worker was considered a moderate risk for drug misuse and abuse. A February 3 2015 progress note showed Morphine sulfate IR and OxyContin 40 mg refills. A February 19, 2015 progress note, subjectively, showed low back pain was improved with a medial branch block. Reportedly, the injured worker takes 10 pills/medications today. The treating physician does not break down the "10 pills" per day. It is unclear whether this references opiates, muscle relaxants or proton pump inhibitors separately or together. The injured worker as a VAS pain scale of 9/10 at the knee and 5/10 at the lower back. The documentation does not show objective functional improvement with ongoing OxyContin. In addition to Morphine sulfate IR and OxyContin 40 mg, the injured worker takes Norco, Flexeril, ibuprofen and Protonix. OxyContin is not prescribed on a PRN basis. There has been no attempt at weaning OxyContin 40 mg PO Q8H documented in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement in association with VAS pain scores of 9/10 (knee) and 5/10 lower back with moderate risk drug related behavior, OxyContin 40 mg Q8H is not medically necessary.