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| <b>Case Number:</b>   | CM15-0071813 |                              |            |
| <b>Date Assigned:</b> | 04/22/2015   | <b>Date of Injury:</b>       | 08/13/2005 |
| <b>Decision Date:</b> | 10/19/2015   | <b>UR Denial Date:</b>       | 03/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/15/2015 |

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old man sustained an industrial injury on 8-13-2005. The mechanism of injury is not detailed. Evaluations include undated nerve conduction testing of the right foot, right foot MRI dated 6-1-2007, and right foot x-rays dated 5-23-2007. Diagnoses include crush injury of the foot, reflex sympathetic dystrophy of the lower limb, and morbid obesity. Treatment has included oral medications. Physician notes dated 3-12-2015 show complaints of bilateral foot pain and chest wall pain rated 6 out of 10 with associated weakness. The worker rates his pain 9 out of 10 without medications and 5 out of 10 with medications. The physical examination shows normal mentation, alert and oriented, and intact judgment and insight, however, does not include an assessment of the body parts or range of motion with complaints. Recommendations include continue current medications including Morphine ER and Norco, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 240.00:** 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:** CA MTUS Guidelines state that ongoing opioid therapy is supported if prescriptions are from a single practitioner, are prescribed at the lowest possible dose, and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, there appears to be a lack of documented functional improvement. MTUS states that short-acting opioids, such as Norco, are indicated for intermittent or breakthrough pain. In this case, the Norco is not being utilized in the recommended manner, but rather at the rate of 8 tablets/day as a chronic maintenance medication. In addition, the patient is also prescribed a long acting opioid, Morphine ER 15 mg, 3 tablets/day. No rationale is given for this high dose opioid therapy. The calculated morphine equivalent dosage is 125, which exceeds the maximum daily recommended dose of opioids. The medical records do not indicate an attempt to wean the patient from opioids. There is no evidence of close monitoring, including a pain contract. Therefore, the request is not medically necessary or appropriate.

**Morphine ER 15mg QTY: 90.00:** 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:** Ca MTUS Guidelines supports the use of ongoing opioids if the prescriptions are from a single practitioner, are prescribed at the lowest possible dose, and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, there appears to be little, if any, improvement in function documented. The patient is being prescribed 2 opioids, the Norco 10/325 8 tablets/day along with the Morphine ER 15 mg 3 tablets/day. Norco is a short-acting opioid, indicated for intermittent breakthrough pain, however it is being utilized as a chronic maintenance medication similar to the Morphine. No rationale is given for utilizing two opioids in a round-the-clock fashion. In addition, there is no evidence of attempts at weaning. The morphine equivalent dose is 125/day, which exceeds the recommended dosage. In addition, there is a lack of monitoring documented and no evidence of a pain contract. Therefore, based on the above, the request is not medically necessary or appropriate.