

<b>Case Number:</b>	CM15-0083735		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/07/1993
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old male, who sustained an industrial/work injury on 3/7/93. He reported initial complaints of back pain. The injured worker was diagnosed as having degenerative lumbar/lumbosacral intervertebral disc disease. Treatment to date has included medication. Currently, the injured worker complains of lower back pain that radiated into the right more than the left lower extremity and was rated 6-7/10 with medication and 9/10 without medication. Pain was aggravated with prolonged sitting or standing. Pain reduces the quality of sleep. Per the primary physician's progress report (PR-2) on 4/7/15, examination revealed a scoliotic curve, decreased spasm and tenderness but still tenderness in the right > left L4-L5 and L5-S1 segments. Straight leg raise is negative, motor strength is intact, and sensation is also intact. Diagnosis is lumbar strain, lumbar disc injury, lumbar radiculopathy, s/p laminectomy, and depression. Current plan of care included to continue medication and request for a spinal cord stimulator. The requested treatments include Morphine Sulphate, MS Contin, Spinal Cord Stimulator, and Miralax Powder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulphate 30mg times 60 two times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for morphine sulfate, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some indication that the medication is improving the patient's function or pain (2-3 points on VAS) with a high dose of medication, but these are causing significant side effects including low testosterone and there is no current discussion regarding appropriate medication use, aberrant behaviors, etc. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested morphine sulfate is not medically necessary.

**Ms Contin 100mg times 60 two times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for MS Contin, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some indication that the medication is improving the patient's function or pain (2-3 points on VAS) with a high dose of medication, but these are causing significant side effects including low testosterone and there is no current discussion regarding appropriate medication use, aberrant behaviors, etc. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin is not medically necessary.

**Spinal Cord Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 38, 101, 105-107 of 127.

**Decision rationale:** Regarding the request for a spinal cord stimulator, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with a trial of spinal cord stimulation, after which implantation of a stimulator may be indicated in the presence of a successful trial. Within the documentation available for review, there is no indication that the patient has undergone a successful psychological clearance evaluation and a successful spinal cord stimulator trial prior to consideration for spinal cord stimulator implantation. In the absence of such documentation, the currently requested spinal cord stimulator is not medically necessary.

**Miralax Powder times 15, six refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Miralax, California Pain Medical Treatment Guidelines support the prophylactic treatment of constipation for patients undergoing opioid therapy. However, it is noted that opioids have been determined to be not medically necessary. In light of the above issues, the currently requested Miralax is not medically necessary.