

<b>Case Number:</b>	CM15-0088378		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: New Jersey  
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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 8/16/13. He reported right shoulder pain. The injured worker was diagnosed as having cervicgia, opioid addiction and pain in shoulder joint. Treatment to date has included oral medications including Norco and Oxycontin and Ibuprofen and physical therapy. Currently, the injured worker complains of constant, dull right shoulder pain rated 6-8/10 without medications and 4-5/10 with medications, right neck pain that is intermittent and occurs mostly at night and bilateral knee pain which is getting worse for a few years. A urine drug screen was performed on 12/30/14. The injured worker notes he is able to perform activities of daily living with the help of oral medications. Physical exam noted a normal exam. The treatment plan included trial prescriptions for MS ER 60mg #60 and MS IR 15mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate IR (immediate release) 15mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Morphine sulfate, Morphine sulfate ER, CR; Opioids, criteria for use Page(s): 93, 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Medical Treatment Guidelines also state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was a significant history of using opioids to help treat the chronic pain related to the injury stated. There were even times when he would go through withdrawal episodes, as documented in the notes available for review, due to significant dependence and addiction to these medications. Due to clear tolerance to previously, used opioids (Norco) an attempt to trial of both short and long-acting oxymorphone took place just prior to this request for morphine sulfate IR and ER. However, the follow-up note after starting oxymorphone documented the exact same pain levels with and without the use of these medications and any further explanation or report on effectiveness was provided as evidence of benefit. The switch to morphine at the doses requested would essentially be a 25% decrease in effective dosage/strength, which would very unlikely, be any more effective. In the opinion of this reviewer and based on the documentation provided, the request for morphine sulfate IR 15 mg #120 is not medically necessary. Weaning of opioids is recommended.

**Morphine Sulfate ER (extended release) 60mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Morphine sulfate, Morphine sulfate ER, CR; Opioids, criteria for use  
Page(s): 93, 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Medical Treatment Guidelines also state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was a significant history of using opioids to help treat the chronic pain related to the injury stated. There were even times when he would go through withdrawal episodes, as documented in the notes available for review, due to significant dependence and addiction to these medications. Due to clear tolerance to previously, used opioids (Norco) an attempt to trial of both short and long-acting oxymorphone took place just prior to this request for morphine sulfate IR and ER. However, the follow-up note after starting oxymorphone documented the exact same pain levels with and without the use of these medications and no further explanation or report on effectiveness was provided as evidence of benefit. The switch to morphine at the doses requested would essentially be a 25% decrease in effective dosage/strength, which would very unlikely, be any more effective. In the opinion of this reviewer and based on the documentation provided, the request for morphine sulfate ER 60 mg #60 is not medically necessary. Weaning of opioids is recommended.