

Case Number:	CM15-0232150		
Date Assigned:	12/07/2015	Date of Injury:	07/27/1976
Decision Date:	01/14/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	11/25/2015

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: Massachusetts

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 67 year old male who sustained an industrial injury on 07-27-1976. According to a progress report dated 11-12-2015, the injured worker had not been able to obtain his chronic pain medications since May 2015 because of denials. He had gone through withdrawals from his many years of use of chronic opioid therapy and had become extremely discouraged. He was experiencing constant throbbing pain running down the back of both legs regardless of body position. Lying down was the only position that gave him relief of pain. He reported numbness in the bottoms of both feet, and bilateral leg weakness without unilateral weakness. He had been "extremely limited" in his ability to perform activities of daily living because of his current pain level. He also reported difficulty in sleeping. Medications included Cymbalta 30 mg every bedtime, Gabapentin 300 mg three times a day and MS Contin 30 mg extended release every 8 hours. The provider discussed the option of a spinal cord stimulator, and the injured worker was not interested in any invasive procedure like a spinal cord stimulator. The injured worker was convinced that narcotics were the only option for him. In the past he was being given MS IR 30 mg every 3 hours or 8 tablets a day and felt that the ER form of Morphine was severely constipating. He reported that he did not want to take the MS ER (extended release) any longer. He declined any medication that might help his constipation. The provider noted that authorization had been given for MS ER 30 mg every 8 hours or 90 MDE #90 between 08-11-2015 and 11-24-2015 and MS IR 30 mg as needed breakthrough pain #67 between 08-11-2015 and 11-24-2015. The progress report noted a history of substance abuse (marijuana) dated 02-10-2015. Diagnoses included chronic pain syndrome. The orders included Duloxetine #30 with 5

refills, Gabapentin #90 with 5 refills and Morphine every 6 hours #120. The provider noted that the long acting Morphine was stopped and that the short acting Morphine was increased to 30 mg 4 times a day #120. The injured worker was noted to be disabled. A urine toxicology report submitted for review included a report dated 08-22-2012 which was positive for a marijuana metabolite and opiates. On 11-20-2015, Utilization Review modified the request for 1 prescription for Morphine 30 mg #120 and 1 prescription for Duloxetine 30 mg #30 with 5 refills and non-certified the request for 1 prescription for Gabapentin 300 mg #90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Morphine 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Avinza (morphine sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioid hyperalgesia.

Decision rationale: The claimant has a remote history of a work injury in July 1976 and is being treated for chronic pain including a diagnosis of failed back surgery syndrome. He has a history of a multilevel lumbar fusion. In October 2015, he had not been able to obtain his chronic pain medications since May 2015. He was having constant throbbing pain running down the back of both legs and numbness of the feet. VAS pain scores were not recorded. Physical examination findings included appearing in moderate distress. MS ER and MS IR had been authorized and were prescribed at an average daily MED (morphine equivalent dose) of 140 mg per day. In November 2015, he remained extremely limited in activities of daily living due to his current pain level. He had pain rated at 8-9/10. A spinal cord stimulator was being considered but he was not interested in any invasive procedures. He had found MS ER severely constipating and did not want to take it anymore. He declined medications for constipation. Physical examination findings included standing throughout the interview which he usually did. His body mass index was over 27. There were no other abnormal findings recorded. MS ER was discontinued. MS IR was changed to 30 mg #120. The total MED was now 120 mg per day. Gabapentin was prescribed at 900 mg per day and Cymbalta at 30 mg, both with 5 refills. MSIR is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. When the total MED was 140 mg per day, there was no documentation that opioid medications were decreased pain through documentation of VAS pain scores or specific examples of how his medications were resulting in an increased level of function or improved quality of life. It is unlikely that the claimant has opioid hyperalgesia since there was a period of time when his pain medications were unavailable. Although the current request represents a decrease in MED, weaning is not being planned. For this reason, the request is not medically necessary.

1 prescription for Gabapentin 300mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury in July 1976 and is being treated for chronic pain including a diagnosis of failed back surgery syndrome. He has a history of a multilevel lumbar fusion. In October 2015, he had not been able to obtain his chronic pain medications since May 2015. He was having constant throbbing pain running down the back of both legs and numbness of the feet. VAS pain scores were not recorded. Physical examination findings included appearing in moderate distress. MS ER and MS IR had been authorized and were prescribed at an average daily MED (morphine equivalent dose) of 140 mg per day. In November 2015, he remained extremely limited in activities of daily living due to his current pain level. He had pain rated at 8-9/10. A spinal cord stimulator was being considered but he was not interested in any invasive procedures. He had found MS ER severely constipating and did not want to take it anymore. He declined medications for constipation. Physical examination findings included standing throughout the interview which he usually did. His body mass index was over 27. There were no other abnormal findings recorded. MS ER was discontinued. MS IR was changed to 30 mg #120. The total MED was now 120 mg per day. Gabapentin was prescribed at 900 mg per day and Cymbalta at 30 mg, both with 5 refills. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no titration was being planned. Ongoing prescribing at this dose is not medically necessary.

1 prescription for Duloxetine 30mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Cymbalta prescribing information.

Decision rationale: The claimant has a remote history of a work injury in July 1976 and is being treated for chronic pain including a diagnosis of failed back surgery syndrome. He has a history of a multilevel lumbar fusion. In October 2015, he had not been able to obtain his chronic pain medications since May 2015. He was having constant throbbing pain running down the back of both legs and numbness of the feet. VAS pain scores were not recorded. Physical examination findings included appearing in moderate distress. MS ER and MS IR had been authorized and were prescribed at an average daily MED (morphine equivalent dose) of 140 mg per day. In November 2015, he remained extremely limited in activities of daily living due to his current

pain level. He had pain rated at 8-9/10. A spinal cord stimulator was being considered but he was not interested in any invasive procedures. He had found MS ER severely constipating and did not want to take it anymore. He declined medications for constipation. Physical examination findings included standing throughout the interview which he usually did. His body mass index was over 27. There were no other abnormal findings recorded. MS ER was discontinued. MS IR was changed to 30 mg #120. The total MED was now 120 mg per day. Gabapentin was prescribed at 900 mg per day and Cymbalta at 30 mg, both with 5 refills. Cymbalta (duloxetine) can be recommended as a first-line option in the treatment of neuropathic pain. A dose of up to 60 mg can be recommended. In this case, the claimant's dosing is only 30 mg and there is no planned titration. Ongoing prescribing at this dose for another 6 months without evidence of efficacy is not medically necessary.