

Case Number:	CM14-0122842		
Date Assigned:	09/16/2014	Date of Injury:	07/10/2000
Decision Date:	11/12/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 47-year-old male with a 7/10/00 date of injury. At the time (5/29/14) of request for authorization for Morphine sulfate tabs 60 mg ER #30 90 refills, Morphine Sulfate tabs 30 mg #30 200 refills, and Lidocaine ointment 5% #12 70.88 refills, there is documentation of subjective (back, buttock, and left hip pain) and objective (tenderness over sacroiliac region, positive bilateral FABER test, and decreased sensory exam over L5 distribution) findings, current diagnoses (bilateral sacroiliac joint dysfunction and low back pain), and treatment to date (steroid injections and medications (including ongoing treatment with Lidoderm patch, Morphine IR 30mg, Morphine ER 60mg, Klonopin, and Relafen)). Medical report identifies a signed pain agreement; chronic opioid treatment helps reduce pain and improve activities of daily living; and that a request for Lidocaine ointment is a temporary replacement for Lidoderm patch. Regarding Morphine Sulfate tabs 60 mg ER #30 90 refills, there is no documentation of failure of short-acting opioid analgesics; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Morphine Sulfate ER. Regarding Morphine sulfate tabs 30 mg #30 200 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Morphine Sulfate ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate tabs 60 mg ER #30 90 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate), Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Kadian (morphine sulfate) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled; extended and sustained release preparation of Morphine Sulfate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Morphine Sulfate ER. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Morphine Sulfate ER is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MSContin). Within the medical information available for review, there is documentation of diagnosis of bilateral sacroiliac joint dysfunction and low back pain. In addition, there is documentation of chronic pain; and ongoing treatment with Morphine Sulfate ER. Furthermore, given documentation of treatment to date (Lidoderm patch, Relafen, and Morphine IR 30mg); there is documentation of failure of non-opioid analgesics and a trial of generic extended-release morphine (equivalent to MSContin). Furthermore, given documentation of a signed pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of failure of short-acting opioid analgesics. In addition, despite documentation that chronic opioid treatment helps reduce pain and improve activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Morphine Sulfate ER. Therefore, based on guidelines and a review of the evidence, the request for Morphine sulfate tabs 60 mg ER #30 90 refills is not medically necessary.

Morphine sulfate tabs 30 mg #30 200 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of Morphine Sulfate IR. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral sacroiliac joint dysfunction and low back pain. In addition, there is documentation of chronic pain; and ongoing treatment with Morphine Sulfate IR. In addition, given documentation of a signed pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that chronic opioid treatment helps reduce pain and improve activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Morphine Sulfate IR. Therefore, based on guidelines and a review of the evidence, the request for Morphine sulfate tabs 30 mg #30 200 refills is not medically necessary.

Lidocaine ointment 5% #12 70.88 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other Muscle Relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral sacroiliac joint dysfunction and low back pain. However, the requested Lidocaine ointment 5% contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine ointment 5% #12 70.88 refills is not medically necessary.