

Case Number:	CM14-0144948		
Date Assigned:	09/12/2014	Date of Injury:	03/07/1993
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine 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 57-year-old male with a 3/7/93 date of injury, and laminectomy (unspecified date). At the time (7/28/14) of request for authorization for Kadian 60mg #60, and Morphine Sulfate IR 15 mg, there is documentation of subjective (worsening low back pain radiating to the right>left 3rd and 4th toes) and objective (motion guarded due to pain, localized lumbar pain with localized spasm, hyperreflexia of the patella deep tendon reflexes, diminished strength in the right>left, and poor balanced gait) findings, current diagnoses (lumbar facet arthralgia, bilateral L5 radiculopathy, and post laminectomy syndrome), and treatment to date (medications (including ongoing treatment with Kadian and Morphine since at least 3/5/14)). Regarding Kadian, there is no documentation of chronic pain and need of continuous treatment; 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; Kadian used for a trial after failure of generic extended-release morphine (equivalent to MS Contin); 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 result of Kadian use to date. Regarding Morphine Sulfate, there is no 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; 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 Morphine Sulfate use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124, 93.

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) Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of Morphine sulphate 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 Kadian (Morphine Sulfate). 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 Kadian 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 MS Contin). Within the medical information available for review, there is documentation of diagnosis of lumbar facet arthralgia, bilateral L5 radiculopathy, and post laminectomy syndrome. In addition, there is documentation of ongoing treatment with Kadian. However, despite documentation of pain, there is no documentation of chronic pain and need of continuous treatment. In addition, there is no 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. Furthermore, 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 result of Kadian use to date. Lastly, given documentation of associate request for Morphine Sulfate IR, there is no documentation of Kadian used for a trial after failure of generic extended-release morphine (equivalent to MS Contin). Therefore, based on guidelines and a review of the evidence, the request for Kadian 60mg #60 is not medically necessary.

Morphine Sulfate IR 15 mg: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Pain Chapter, Opioids, specific drug list : Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate 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. ODG support morphine sulfate immediate release tablets for acute pain (moderate to severe). Within the medical information available for review, there is documentation of diagnoses of lumbar facet arthralgia, bilateral L5 radiculopathy, and post laminectomy syndrome. In addition, there is documentation of acute pain (moderate to severe). Furthermore, there is documentation of ongoing treatment with Morphine Sulfate. However, there is no 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. In addition, 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 Morphine Sulfate use to date. Therefore, based on guidelines and a review of the evidence, the request for Morphine Sulfate IR 15mg is not medically necessary.