

<b>Case Number:</b>	CM14-0213781		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	10/18/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

Patient is a 45 year-old male with date of injury 10/18/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/10/2014, lists subjective complaints as pain in the lower back. Objective findings: Examination of the lumbar spine revealed range of motion was restricted by pain in all directions. Discogenic provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffman's signs were absent bilaterally. Muscle strength was 5/5 in all limbs. Diagnosis: 1. Right L5-S1 radiculopathy 2. Central L5-S1 disc protrusion and annular tear 3. Central L4-L5 disc protrusion and annular tear 4. Central disc protrusion at L3-L4 5. Lumbar degenerative disc disease L4-L5, L5-S1 6. Lumbar sprain/strain 7. Internal bleeding hemorrhoids secondary to constipation due to chronic opiate use. Original reviewer modified medication request to MS Contin 30mg, #60 and Oxycodone 15mg, #120 for the purposes of weaning. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as two years. Medication: 1. MS Contin ER 30mg, #240 SIG: BID 2. Oxycodone HCL tablets 15mg, #480 SIG: 1 Q6H.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 30mg Qty: 240.00.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 2 years. Morphine Sulfate ER 30mg Qty: 240.00 is not medically necessary.

**Oxycodone 15mg Qty: 480.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Oxycodone 15mg Qty: 480.00 is not medically necessary.