

Case Number:	CM15-0011703		
Date Assigned:	01/29/2015	Date of Injury:	03/27/2003
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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: Ohio, North Carolina, Virginia
 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 71 year old female who sustained an industrial related injury on 3/27/03. The injured worker had complaints of low back pain that radiated to the buttock, legs and big toes. Diagnoses included lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, lumbosacral spondylosis without myelopathy, and degeneration of lumbar or lumbosacral intervertebral disc. Medications included Oxycodone, Opana ER, Soma, Trazadone, and Cymbalta. The treating physician requested authorization for Norco 10/325mg #120 and Morphine Sulfate 15mg #90. On 12/31/14 the requests were non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the injured worker reported improvement of her pain with opioid medications but there was no documentation of objective functional response with the opioid treatment to support a restart of opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improved pain and functionality as a consequence of the opioids and/or the injured worker has regained employment. Typical pain questions include least pain, average pain, worst pain, duration of analgesia, and time to analgesia with opioids. Long-term Users of Opioids (6-months or more).1) Re-assess (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing side effects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long?(d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships.(g) Is there indication for a screening instrument for abuse/addiction? In this instance, the injured worker received a function score of 7 and a pain score of 9 on 8-20-2014 but there was no comparison to baseline. Similar scoring has not occurred since. It appears that Opana ER was weaned by utilization review and that the treating physician is requesting to replace the Opana ER with Morphine sulphate as a long-acting opioid. The request for authorization for Norco 10/325 mg is dated 1-15-2015 but the last progress note included for review is from 8-26-2014. The original progress note describing when Morphine Sulphate was started could not be found in the submitted medical record. Consequently, the reviewed documentation does not describe any improvements in functionality as a consequence of chronic opioid treatment. Therefore, Norco 10/325mg #120 is not medically necessary in view of the submitted documentation and with reference to the cited guidelines. The treating physician should consult appropriate weaning guidelines.

Morphine sulfate 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improved pain and functionality as a consequence of the

opioids and/or the injured worker has regained employment. Typical pain questions include least pain, average pain, worst pain, duration of analgesia, and time to analgesia with opioids. Long-term Users of Opioids (6-months or more).1) Re-assess (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing sideeffects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long? (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pains should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction. In this instance, the injured worker received a function score of 7 and a pain score of 9 on 8-20-2014 but there was no comparison to baseline. Similar scoring has not occurred since. It appears that Opana ER was weaned by utilization review and that the treating physician is requesting to replace the Opana ER with Morphine sulphate as a long-acting opioid. The request for authorization for Norco 10/325 mg is dated 1-15-2015 but the last progress note included for review is from 8-26-2014. The original progress note describing when Morphine Sulphate was started could not be found in the submitted medical record. Consequently, the reviewed documentation does not describe any improvements in functionality as a consequence of chronic opioid treatment. Therefore, Morphine sulfate 15mg #90 is not medically necessary in view of the submitted documentation and with reference to the cited guidelines. The treating physician should consult appropriate weaning guidelines.