

<b>Case Number:</b>	CM15-0015557		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/09/1994
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

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

This 52-year-old female sustained a work related injury on 12/09/1994. According to a progress report dated 01/15/2015, the injured worker was successfully weaning down on her Morphine Sulfate Extended Release (MSER) 160mg to 120mg every day over the past month. She reported some difficulty with weaning from 160mg to 120mg every day and thus would like to stay at that dose for now. Diagnoses include sacroiliac spine strain, cervical and lumbar degenerative disc disease, lumbar facet arthropathy, headache syndromes, cervicgia, and sciatica. Prescriptions provided included Morphine Sulfate oral tablet 15 mg one tablet 3 times a day as needed, Amitriptyline HCL oral tablet 150mg one tablet every night at bedtime as needed, Cymbalta 30mg take two capsules one a day for 30 days, MS Contin oral tablet extended release 60mg one tablet twice a day for 30 days, Butalbital-ASA-Caff-Codeine oral capsule 50-325-40-30mg take one capsule twice a day as needed for 30 days and Valium 10mg one tablet three times a day as needed for 30 days. On 01/23/2015, Utilization Review non-certified 5 MSER (MS Contin Extended Release) 60mg, 1 tablet twice a day, #60 no refills. According to the Utilization Review physician, the dose was too high. It was clear that the claimant was in a weaning pattern and should be maintained. The Official Disability Guidelines were cited. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 MSER (MS Contin Extended Release) 60mg, 1 Tablet Twice A Day, #60, No Refills:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**Decision rationale:** Based on the 01/15/14 progress report provided by treating physician, the patient presents with neck, thoracic spine, low back, leg radicular, shoulder pain, and migraines. The request is for 5 MSER (MS CONTIN EXTENDED RELEASE) 60MG 1 TABLET TWICE A DAY, #60 NO REFILLS. The patient is status post lumbar spine surgery in 1995, and 11/03/14. Patient's diagnosis per Request for Authorization form dated 01/16/15 included sacroiliac spine strain, cervical and lumbar degenerative disc disease, and sciatica. Patient's medications include Morphine sulfate, Amitriptyline, Cymbalta, MS Contin, Burbital, Valium, Zanaflex, Tylenol #3, and Lidoderm patch. Patient's pain is rated 8/10 and she has been encouraged to stretch daily. The patient is retired. MTUS Guidelines, pages 80-81, Opioids for chronic pain states "Tolerance and addiction: Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) Kadian (Morphine Sulfate) was prescribed at least from treater report dated 08/28/14. Per progress report dated 01/15/15, treater states patient was successfully weaning down on her Morphine Sulfate Extended Release (MSER) 160mg to 120mg every day over the past month. She reported some difficulty with weaning from 160mg to 120mg every day and thus would like to stay at that dose for now. Treater continues to state 'we will keep her at the same dose for this month with plans to reduce her opioid medications down further over the next couple of months... we do not agree with these denials. Our goal in Pain Management is to enhance patient's quality of life through decreasing pain, increasing their function, and improvement in the ability to enjoy activities of daily living. We accomplish this by prescribing medication, interventional therapies...' MTUS page 80-81 states '...pain may be improved with weaning of opioids.' In this case, it would appear the patient is slowly weaning the patient down and would like a few more months to allow the patient's adjustment. MTUS does support slow weaning process. The request IS medically necessary.