

<b>Case Number:</b>	CM15-0117083		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Emergency 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:

The injured worker is a 63-year-old female, who sustained an industrial injury on 3/31/08. She reported initial complaints of fall injury resulting in back pain. The injured worker was diagnosed as having chronic low back pain; post-laminectomy syndrome lumbar spine; degenerative disc disease; acquired spondylolisthesis; right-sided S1 radiculopathy; partial discectomy foraminotomy L4-L5 right (1/20/09). Treatment to date has included status post right-sided S1 radiculopathy; partial discectomy foraminotomy L4-L5 right (1/20/09); lumbar radiofrequency ablation (2011); physical therapy; medications; Diagnostics included x-rays lumbar spine (8/18/11); EMG/NCV lower extremities (1031/08); MRI lumbar spine (6/16/09; 8/18/11; 7/9/12). Currently, the PR-2 notes dated 5/20/15 indicated the injured worker was seen as a follow-up visit. She continues to have chronic low back pain and it is made worse with bending and lifting at the waist level and made better with medications. She is diagnosed with failed back syndrome after sustaining her injury in 2008 and underwent a lumbar discectomy in 2009. She continues conservative treatment and the provider notes: "She does not want to switch from Norco short acting to the long acting form Hsingla and indicates that she is willing to try to decrease her Norco dosage." She is taking Norco 5 times a day. A MRI of the lumbar spine dated 7/9/12 is documented by the provider with impression of interval resolution of the cyst in the right lateral recess at L4-5 level; interval decrease in the right paramedian disc protrusion at L4-5; stable severe central and bilateral spinal stenosis at the L4-5 level associated with right epidural scar surrounding the right L5 nerve root; stable severe bilateral L5-S1 neural foraminal stenosis with right epidural scar surrounding the right S1 nerve root. The provider's treatment

plan discusses her chronic lower back pain and plan to reduce the medication usage. She has not started physical therapy of which she has 12 visits authorized and the injured worker indicates she will start soon. Although the injured worker is reluctant on this day to decrease the Norco dosage and increase the Morphine, the provider has noted this is the plan. He is requesting authorization of Morphine sulfate ER 30mg #30; Morphine sulfate ER 60mg #30 and Norco (Hydrocodone/APAP) 10/325mg #150.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine sulphate ER 60 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 82, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Morphine Sulfate ER is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement, activity of daily living, adverse events and aberrant behavior is appropriate. Patient is on excessively high dose of opioids. In combination, patient is on 210mg Morphine Equivalent Dose a day in morphine alone. In combination with Norco, patient takes up to 260mg MED a day. This far exceeds MTUS guidelines maximum dose of 120mg MED a day unless there is extenuating circumstances. Guideline recommends opioids at lowest dosage, shortest course and only for severe pain. Patient's pain and function is significantly compromised by injury and there has not been any significant improvement in objective pain or function despite such high dose therapy leading to signs of potential opioid hyperalgesia. Only subjective improvement is noted. While there is documentation concerning plan for weaning Norco, the plan for weaning is not consistent with request for continued high dose opioids and persistent large number of tablets. Patient needs to be weaned down from current opioid regiment. Provider should discuss weaning plan with Utilization reviewer and/or adjuster for long-term goal. However, this specific request for opioids is not consistent with MTUS guidelines. Request for MSER is not medically necessary.

**Morphine sulfate ER 30 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 82, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Morphine Sulfate ER is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement, activity of daily living, adverse events and aberrant behavior is appropriate. Patient is on excessively high dose of opioids. In combination, patient is on 210mg Morphine Equivalent Dose a day in morphine alone. In combination with Norco, patient takes up to 260mg MED a day. This far exceeds MTUS guidelines maximum dose of 120mg MED a day unless there is extenuating circumstances. Guideline recommends opioids at lowest dosage, shortest course and only for severe pain. Patient's pain and function is significantly compromised by injury and there has not been any significant improvement in objective pain or function despite such high dose therapy leading to signs of potential opioid hyperalgesia. Only subjective improvement is noted. While there is documentation concerning plan for weaning Norco, the plan for weaning is not consistent with request for continued high dose opioids and persistent large number of tablets. Patient needs to be weaned down from current opioid regiment. Provider should discuss weaning plan with Utilization reviewer and/or adjuster for long-term goal. However, this specific request for opioids is not consistent with MTUS guidelines. Request for MSER is not medically necessary.

**Norco (Hydrocodone/APAP) 10/325 mg, 150 count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 82, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen with hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement, activity of daily living, adverse events and aberrant behavior is appropriate. Patient is on excessively high dose of opioids. In combination, patient is on 210mg Morphine Equivalent Dose a day in morphine alone. In combination with Norco, patient takes up to 260mg MED a day. This far exceeds MTUS guidelines maximum dose of 120mg MED a day unless there is extenuating circumstances. Guideline recommends opioids at lowest dosage, shortest course and only for severe pain. Patient's pain and function is significantly compromised by injury and there has not been any significant improvement in objective pain or function despite such high dose therapy leading to signs of potential opioid hyperalgesia. Only subjective improvement is noted. While there is documentation concerning plan for weaning Norco, the plan for weaning is not consistent with request for continued high dose opioids and persistent large number of tablets. Patient needs to be weaned down from current opioid regiment. Provider should discuss weaning plan with Utilization reviewer and/or adjuster for long-term goal. However, this specific request for opioids is not consistent with MTUS guidelines. Request for Norco is not medically necessary.