

Case Number:	CM15-0177711		
Date Assigned:	09/18/2015	Date of Injury:	06/12/2002
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 61 year old male, who sustained an industrial injury on 6-12-2002. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include lumbar disc displacement without myelopathy and lumbosacral neuritis. The lumbar spine MRI dated 8-19-14, revealed multilevel stenosis with disc extrusion and lipomatosis. In addition, he has a history of colon cancer requiring colostomy and reversal in 2008 and a history of myocardial infarction in December 2014 with placement of stents. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of ongoing low back pain. He reported pain rated 10 out of 10 VAS without medication and 6-7 out of 10 VAS with medication. The record indicated Morphine ER was the only medication in use on that date. On 8-6-15, the physical examination documented that the injured worker was tearful and in pain. There was lumbar tenderness with spasm and guarding noted and a positive left side straight leg raise test. The records documented Morphine Sulfate ER was initiated in 5-5-15, due to changing from a short term opioid to extended release formulation to attempt to decrease the number of tablets consumed per day. On 8-6-15, the provider documented that the Morphine ER decreased pain and increased functional ability with increased tolerance for daily activities. The provider documented a urine screen in March was consistent with medications at that time with no inconsistencies present. The appeal requested authorization for Morphine Sulfate ER 30mg, one tablet every twelve hours, #60. The Utilization Review dated 8-17-15, modified the request to allow Morphine Sulfate ER 30mg tablets, #15 providing references of the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 30mg one tablet Q12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Morphine Sulfate ER. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Morphine Sulfate ER is not considered as medically necessary. In the Utilization Review process, the request was modified to provide a sufficient supply of Morphine Sulfate ER to allow for weaning. This action is consistent with the above-cited MTUS guidelines.