

Case Number:	CM15-0065272		
Date Assigned:	04/13/2015	Date of Injury:	05/27/1993
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/07/2015

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:

The injured worker is a 52 year old male who sustained an industrial injury on 05/27/1993. Current diagnoses include post-laminectomy syndrome, degeneration of lumbar or lumbosacral intervertebral disc, sciatica, lumbosacral spondylosis without myelopathy, intervertebral disc disorders, lumbago, chronic post-operative pain, and opioid type dependence-continuous use. Previous treatments included medication management, lumbar surgery, functional rehabilitation program, injections, and home exercises. Report dated 02/25/2015 noted that the injured worker presented with complaints that included follow up for his complex pain issues. Pain level was rated as 5 out of 10 (least) 6 out of 10 (average), and 8 out of 10 (worst) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included education and counseling to reach goals, medication therapies, medication treatment agreement, urine toxicology, and referral for a mental health evaluation and treatment. Disputed treatments include morphine sulfate and morphine sulfate ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 30mg #160 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with extremely complex WC chronic pain and mental issue problem. The patient presents with pain and weakness in his lower back and lower extremity. The request is for Morphine Sulfate 30mg #160 With 2 Refills. Per 02/25/15 progress report, the patient is taking Morphine sulfate, Nortriptyline HCL, Gabapentin, Meloxicam and Venlafaxine hydrochloride. He states that his pain control is improved, but not yet optimized. CURES reports in 2000 and 2003 showed multiple providers over time with two pharmacies being used. The patient underwent urine drug screening on 10/31/14 with consistent results. The patient is now on quarterly urine drug screenings. Pain scale is moderate to severe 4 to 10. Pain limits most to all of activity. No adverse side effects from medications. Work statue is unknown. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, adverse effect is discussed along with urine drug screen as part of aberrant behavior monitoring. There are documentations which specifically discuss side effects. But the treater does not address all 4 A's as required by MTUS guidelines. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; No validated instruments are used to show functional improvement. None of the reports discuss pain assessment or outcome measures which include current pain, average pain, least pain, intensity of pain after taking the opioid. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

Morphine sulfate extended-release 60mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with extremely complex WC chronic pain and mental issue problem. The patient presents with pain and weakness in his lower back and lower extremity. The request is for Morphine Sulfate Extended Release 60mg #160 With 2 Refills. Per 02/25/15 progress report, the patient is taking Morphine sulfate, Nortriptyline HCL, Gabapentin, Meloxicam and Venlafaxine hydrochloride. He states that his pain control is improved, but not yet optimized. CURES reports in 2000 and 2003 showed multiple providers over time with two pharmacies being used. The patient underwent urine drug screening on 10/31/14 with consistent results. The patient is now on quarterly urine drug screenings. Pain scale is moderate to severe 4 to 10. Pain limits most to all of activity. No adverse side effects from medications. Work statue is unknown. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also

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