

Case Number:	CM15-0074735		
Date Assigned:	04/24/2015	Date of Injury:	09/15/1998
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male who sustained an industrial injury on September 15, 1998. Prior treatment includes medications and topical cream. Currently the injured worker complains of low back pain. Diagnoses associated with the request include discogenic degeneration of the lumbar spine, lumbar nerve root injury, lumbar facet arthropathy, muscle spasms, gastritis, left hip arthritis and vitamin D deficiency. The treatment plan included MS Contin, Norco, Nucynta, Soma, Colace, Amitiza, Senokot, Zantac, Ultram, and Vitamin D level.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Morphine sulfate ER, CR, On-Going Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: MS Contin is a controlled-release form of morphine. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of morphine, including morphine equivalent dosing from use of other opioid medications, is 120 mg per day. One of the major risks of opioid therapy is the development of abuse, addiction and death. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to ensure opioids are being used safely. The provider is following this guidance and is appropriately monitoring for abuse. However, this patient is presently being prescribed a total dose of opioids (from MS Contin, Nucynta, Norco and Ultram use) of 213.4 mg of morphine equivalents daily. Despite the documented stability in dosing this is significantly above the maximum dosing recommended for safe use of opioids. He is taking both a long-acting and 3 different short-acting opioids. The dose must be lowered to a more acceptable and safe level. Because of this medical necessity for continued use of this medication has not been established. Therefore the request is not medically necessary.