

Case Number:	CM15-0077882		
Date Assigned:	04/29/2015	Date of Injury:	06/20/2008
Decision Date:	05/26/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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 (IW) is a 40 year old male who sustained an industrial injury on 06/20/2008. He reported neck low back and bilateral hip pain with radiation into the bilateral upper and lower extremities. The injured workers diagnoses include lumbar disc displacement without myelopathy; cervical disc displacement without myelopathy, status post lumbar fusion (L4 to sacrum) on 12/06/2010); long-term use meds not elsewhere classified; and therapeutic drug monitor. Treatment to date has included treatment through a pain clinic with Morphine sulfate extended release capsules and Hydrocodone for breakthrough pain. Currently, the injured worker complains of neck pain with radiation to both upper extremities, and low back pain with radiation to the lower extremities. He states the morphine does reduce his pain by 30-40 % but wears off about 6 hours after each dose. Hydrocodone is used for breakthrough pain between morphine doses. He reports losing his Hydrocodone prescription in its entirety last month soon after picking up the refill and trying to use only the morphine, extending his dosage by ¼ tablet. He ran out of morphine early and had to go to the ED due to severe pain and withdrawal symptoms. Morphine Sulfate extended release 60 mg #90 is requested for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate extended release 60 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Morphine Sulfate. 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 As 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 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). Included in the medical records is an appeal letter written by the treating physician on 5/14/2015 that includes all of the required elements in support of the MTUS guidelines for the ongoing treatment with an opioid. This includes monitoring CURES reports, urine drug testing, ongoing monitoring of functional outcomes and working towards the lowest effective dose of Morphine Sulfate. Based on the review of this information, there is sufficient documentation in support for the ongoing use of Morphine Sulfate at the requested dose of 60 mg three times a day. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Anexia is medically necessary.