

<b>Case Number:</b>	CM13-0015535		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/15/2006
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 65-year-old male who reported an injury on 07/15/2006. The mechanism of injury reportedly occurred when he fell off a chute and landed on his side. The diagnoses included status post L4-5 fusion and right leg radiculopathy following surgery. Prior therapies included surgery, physical therapy, and aquatic therapy. Per the 06/24/2013 progress report, the injured worker reported radiating low back pain down the anterior and posterior thighs to the feet with weakness of the bilateral legs. Objective findings included decreased motor strength in the right lower extremity and an antalgic gait. The injured worker's medications included Norco 10/325 mg, MS Contin 15 mg, and MS Contin CR 30 mg. A urine drug screen performed 06/24/2013 was noted to be positive for morphine and negative for hydrocodone. Per the 07/30/2013 progress report, the injured worker reported ongoing severe constant low back pain extending down the legs to the toes with swelling in the ankles. Physical examination findings included decreased sensation, range of motion, reflexes, and motor strength. The provider prescribed MS Contin ER 30 mg and MS Contin IR 15 mg for the injured worker's pain. The Request for Authorization Form was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin ER 30mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for neuropathic pain; Opioids, dosing Page(s): 76-80; 82-83; 86-87.

**Decision rationale:** The request for MS Contin ER 30 mg quantity 90 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state opioids are not recommended as a first-line therapy for neuropathic pain. Regarding opioid management, the guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Dosing should not exceed 120 mg oral morphine equivalents per day. The medical records provided indicate an ongoing prescription for MS Contin ER since at least 04/22/2013. A urine drug screen performed 06/24/2013 was positive for morphine and negative for hydrocodone. There is a lack of documentation regarding significant pain relief, objective functional improvement, and side effects to determine the necessity of continued use. In addition, the daily combined morphine equivalent dose of the injured worker's MS Contin ER and MS Contin IR equals 150. The guidelines recommend not exceeding 120 mg oral morphine equivalents per day. Based on this information, the request is not supported. As such, the request is not medically necessary.

**MS Conin 15mg IR, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids for neuropathic pain, Opioids, dosing Page(s): 76-80; 82-83; 86-87.

**Decision rationale:** The request for MS Contin IR 15 mg quantity 180 is not medically necessary. The California MTUS Guidelines state opioids are not recommended as a first-line therapy for neuropathic pain. Regarding opioid management, the guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Dosing should not exceed 120 mg oral morphine equivalents per day. The medical records provided indicate an ongoing prescription for MS Contin IR since at least 04/22/2013. A urine drug screen performed 06/24/2013 was positive for morphine and negative for hydrocodone. There is a lack of documentation regarding significant pain relief, objective functional improvement, and side effects to determine the necessity of continued use. In addition, the daily combined morphine equivalent dose of the injured worker's MS Contin ER and MS Contin IR equals 150. The guidelines recommend not exceeding 120 mg oral morphine equivalents per day. Based on this information, the request is not supported. As such, the request is not medically necessary.