

<b>Case Number:</b>	CM14-0005293		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	10/26/2004
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic lower extremity pain and reflex sympathetic dystrophy of the lower extremities reportedly associated with an industrial injury of October 26, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; long- and short-acting opioids; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated December 16, 2013, the claims administrator denied a request for MS Contin. The applicant's attorney subsequently appealed. In an earlier applicant questionnaire dated December 4, 2013, the applicant was described as receiving permanent disability benefits through the Workers' Compensation system. The applicant acknowledged that he had not returned to work. The applicant stated that he was using OxyContin, Morphine, Percocet, Valium, Enbrel, and Lunesta at that point. In a handwritten note dated December 4, 2013, the applicant apparently stated that his pain control was poor. The applicant's pain levels ranged from 4-5/10 to 6-8/10. The applicant had issues with uncontrolled blood pressure. The applicant's medication list reportedly included OxyContin, Percocet, Valium, MS Contin, and Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 30MG #30/30 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Opioids, Ongoing Management topic.2. MTUS When to Continue Opioids topic Page(s): 78,80.

**Decision rationale:** MS Contin is a long-acting opioid. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, the attending provider has not furnished any compelling rationale for usage of two separate long-acting opioids, OxyContin and MS Contin. It is not clearly stated why one long-acting agent would not suffice here. It is further noted that the applicant did not appear to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant's pain complaints are heightened as opposed to reduce, despite ongoing opioid therapy. The applicant's ability to perform activities of daily living likewise appears to be diminished. Therefore, the request for MS Contin is not medically necessary, for all of the stated reasons.