

<b>Case Number:</b>	CM14-0100141		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/28/2005
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 46-year-old male who reported an injury on 09/29/2005. The mechanism of injury was not specified. His diagnoses included 3 level lumbar discogenic pain, a right posterolateral bulge at L5-S1 with right sided foraminal stenosis, degenerative disc disease at L4-5, annular tear, and a small left sided bulge with left sided foraminal stenosis. His treatments included medications and epidural steroid injections. His diagnostics included an MRI of the lumbar spine and x-rays of the hips. His surgical history included lumbar epidural steroid injections. On 05/14/2014, the injured worker reported that he continued to have low back pain and bilateral lower extremity pain. He reported that the MS Contin had been significantly helpful and he was able to function with the medication. He complained of nausea from the morphine. The physical examination revealed that he was moving a little better than at his last appointment. He was reportedly walking slowly and had decreased range of motion of the lower lumbar spine. His strength was decreased in both lower extremities. His medications were noted as MS Contin 15 mg twice daily, Norco 10/325 mg 8 per day, Cymbalta 30 mg twice daily, Wellbutrin XL 150 mg twice daily, Elavil 50 mg 2 tablets nightly, Xanax 0.5 mg twice daily, Reglan 10 mg twice a day, fenofibrate 2 a day, Promolaxin 100 mg, lisinopril 10 mg, Norvasc 5 mg, and Flexeril 7.5 mg twice daily as needed. The treatment plan was for MS Contin 15 mg twice daily #90. The rationale for the request was not provided. The Request for Authorization form was submitted on 05/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ms Contin 15 Mg BID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; OPIOIDS FOR CHRONIC PAIN Page(s): 78; 80.

**Decision rationale:** Based on the clinical information submitted for review, the request for MS Contin 15 mg BID #90 is not medically necessary. According to the California MTUS Guidelines, long term effectiveness of opioids for chronic back pain is unclear, but they seem to be effective but limited for short term pain relief. Ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit which includes current pain at the time of visit, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker reported constant low back pain with bilateral lower extremity pain. He reported constipation and nausea with morphine. His last urine drug screen was collected on 03/20/2014, which was consistent with his medication regimen at the time. However, the clinical information submitted for review did not provide sufficient information indicating that the physician had performed a detailed pain assessment at every office visit as indicated in the Guidelines. The Guidelines indicate to discontinue opioids with continuing pain and evidence of intolerable adverse effects, which the injured worker reported taking Reglan for his nausea induced by the morphine. There was insufficient clinical documentation suggesting that his level of pain had improved with the use of this medication. Also, the Guidelines indicate that the use of opioids for chronic back pain is limited for short term pain relief. Therefore, the request is not supported. As such, the request for MS Contin 15 mg BID #90 is not medically necessary.