

<b>Case Number:</b>	CM14-0012793		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 & 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 patient is a 57 year old male who reportedly was injured on 01/08/2007 after lifting several heavy trash cans. Prior treatment history has included medications and he has signed a pain contract as he has been treated with opioids and chronic pain medications. The patient underwent lumbar surgery on 04/17/2007. The patient's medications as of 12/06/2013 include Cymbalta 60 mg, Miralax 17 gm, MS-Contin 30 mg, oxycodone HCL 30 mg, Lunesta 3 mg, amlodipine Besylate 10 mg, Losartan-hydrochlorothiazide 12.5 mg, metformin 500 HCL mg and metoprolol tartrate 50 mg. Drug screen dated 09/25/2013 reveals positive results for Duloxetine, Morphine, hydromorphone, oxycodone, Noroxycodone, oxymorphone. PR-2 dated 12/06/2013 reports the patient returned with complaints of lower back pain. He described his pain as throbbing in nature. The patient rates his pain a 5/10 which has remained unchanged since his last visit. He denied any new symptoms, problems, or side effects. His quality of sleep was good and averaged 6-1/2 hours per night. He reported a decreased in his ADL's and reports functional benefit with his pain medications. On exam, the patient did not appear to signs of intoxication or withdrawal. He utilized a cane for ambulation. The lumbar spine revealed no scoliosis, asymmetry, or abnormal curvature noted on inspection of the lumbar spine. On palpation of the paravertebral muscles, tenderness was noted on both sides. His higher functions are grossly normal; and cranial nerves are grossly normal. His motor test is limited by pain and there were no involuntary movements noted. The patient is diagnosed with lumbago, post lumbar laminectomy syndrome, disc disorder of the lumbar spine, and chronic pain syndrome. The treatment and plan includes a refill of MS-Contin 30 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 60MG TID #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 75-94.

**Decision rationale:** As per CA MTUS guidelines, MS Contin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines further indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, this patient has chronic lower back pain and has been prescribed this medication for long periods of time. There is documentation of ongoing monitoring with the use of urine drug screening that is consistent with prescribed medications. The progress report dated 12/06/2013 indicates the pain level has remained unchanged since last visit. The patient rates his pain as 5/10 on VAS, no change in location of pain, no new problems or side effects, sleep level stayed same, quality of sleep is good, quality of life and social activity remained unchanged, no medication abuse or side effect, and continued functional benefit with pain medications. These findings indicate that there is no significant functional improvement or reduction in pain level with the use of this medication. Also, the patient's current dosage of MsContin is 30 mg 1 PO TID along with Oxycodone 30 mg 1 PO BID. These exceeds the guidelines recommendation of dosing should not exceed 120 mg oral morphine equivalents per day for patients taking more than one opioid. Thus, the medical necessity has not been established.