

<b>Case Number:</b>	CM14-0113205		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/26/1993
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Pain 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 injured worker is a 71 year-old female with a date of injury of 5/26/1993. The patient's industrially related diagnoses include degenerative disc disease of the lumbar spine, lumbar facet disease, lumbar stenosis, and bilateral L5 radicular pain. The disputed issues are request for continuation (not for weaning) of MSContin 15mg BID #60 and MSContin 30mg #60. A utilization review determination on 7/14/2014 had non-certified these requests. The stated rationale for the denial was: "In the current case, there is no description of pain relief provided, such as VAS scores, and no indication of significant functional benefit or return to work. The claimant continues to report high pain levels of 8/10. Urine drug screen date and results are not reported. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg BID #60 (for continuation, not for weaning): 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 Opioids, Page(s): 75-80.

**Decision rationale:** MS Contin 15mg is a Schedule II opioid that is recommended for moderate to severe pain. In regard to the use of MS Contin, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. On 6/27/2014 the treating physician provided an additional report appealing the denial for the continuation of MS Contin 15mg and MS Contin 30mg but did not provide the additional information that the peer review report stated was lacking. The treating physician documented that the medication was helping with the pain and helped the injured worker continue to function, live independently, and do volunteer work. However, there was no specific documentation to support that MS Contin 15mg provided pain relief in terms of percent pain reduction or reduction in numeric rating scale in the appeal report or any of the other progress reports available for review. Furthermore, there was no documentation regarding side effects and no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker is only getting opioids from one practitioner. Within the documentation available for review, the treating physician does not adequately address the four domains recommended by the guidelines for ongoing monitoring of chronic pain patients on opioids. Based on the guidelines and the lack of documentation, medical necessity for the continuation of MS Contin 15 mg #60 cannot be established at this time. Although MS Contin 15mg is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

**Is continuation (not for weaning) of MS Contin 30mg #60:** 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 Opioids Page(s): 75-80.

**Decision rationale:** MS Contin 15mg is a Schedule II opioid that is recommended for moderate to severe pain. In regard to the use of MS Contin, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines

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