

<b>Case Number:</b>	CM14-0154280		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/25/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Alabama. 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 48-year old female who was injured on 02/25/2001 while she was trying to assist a patient who was bedfast. The bed dropped and her left foot was caught under the bed. She felt immediate pain and swelling. Prior medication history included Terocin, lactulose, Ambien, MS-Contin 60 mg, Ativan 0.5 mg, trazodone 50 mg, venlafaxine 75 mg, omeprazole 20 mg, Topamax 50 mg, and Savella 12.5 mg. Prior treatment history has included physical therapy, home exercise program, and spinal cord stimulator in 2003. Progress report dated 08/22/2014 states the patient presented with low back pain rated as 9/10. She reported difficulty falling asleep and staying asleep due to the pain. On exam, there is tenderness noted in the right and left lumbar paravertebral regions at the L3-L4, L4-L5 and L5-S1 levels. She has abnormal swelling of the left ankle and hyperesthesia of both shins. She has allodynia of the left greater than right foot and ankle. Her range of motion is decreased and her skin is shiny and the left foot is quite swollen. She is diagnosed with low back pain, lower extremities CRPS, type II and lower leg knee pain. She was prescribed MS-Contin 60 mg ER which was prescribed at this visit. Prior utilization review dated 09/15/2014 states the request for MS Contin 60mg, extended release; 1 twice a day PRN for 30 days is denied as it is not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg, extended release; 1 twice a day PRN for 30 days: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 76-96.

**Decision rationale:** The above MTUS guidelines regarding on-going opioid management states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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." In this case, note from 8/22/14 addresses the 4 A's by stating "ADL... With the medication, she is able to perform these activities. Her functional goal is to be able to perform her activities of daily living, which she is meeting... she notes approximately a 20% improvement in function with use of medications. Analgesia: overall, she notes approximately a 30% improvement in her pain with use of medications. Aberrant Drug Behavior: None. Adverse Events: Constipation treated with Miralax." One part of the MTUS guidelines states "when to continue opioids (a) If the patient has returned to work" but this is not a requirement to continue opioids. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.