

<b>Case Number:</b>	CM14-0161784		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 pain syndrome and chronic low back pain reportedly associated with an industrial injury of April 4, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; long- and short-acting opioids; and a knee Corticosteroid Injection. In a utilization review report dated September 25, 2014, the claims administrator denied a request for MS Contin, stating that the applicant had failed to profit from the same. The applicant's attorney subsequently appealed. In a July 9, 2014, progress note, the applicant was given a Medrol Dosepak for chronic pain syndrome. In a progress note dated August 6, 2014, the applicant reported ongoing complaints of low back pain, neck pain, fatigue, and malaise. The applicant's medication list included baclofen, Wellbutrin, Klonopin, Flexeril, Valium, MS Contin, Norco, Vivelle, and Ambien. The applicant was a nonsmoker, it was noted. MS Contin and Norco were apparently renewed. The applicant's work status was not clearly stated. There was no explicit discussion of medication efficacy. On July 1, 2014, the applicant reported ongoing complaints of neck, shoulder, and upper arm pain. The applicant stated that she had reinjured herself while restraining a combative child at work at [REDACTED]. MS Contin, Norco, Valium, Ambien, Medrol, Baclofen, and Flexeril were endorsed. It was stated that the applicant could consider epidural steroid injection therapy if improved at the next visit. In a July 1, 2014, progress note, the applicant reported 8/10 pain with medications versus 4/10 pain without medications. The applicant stated that her ability to perform activities of daily living, including sleeping, working, yard work, and housework were all improved because of ongoing medication consumption. Multiple medications were refilled. The applicant was asked to follow up with her chronic pain physician and her knee surgeon. It was stated that the applicant had advanced knee arthritis. In a progress note dated May 6, 2014, the applicant's

knee surgeon apparently suggested that the applicant was working despite ongoing complaints of knee pain secondary to knee arthritis. The applicant was asked to continue morphine on this occasion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS Contin 15mg tab ER x 30 days qty: 120:** Overturned

**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): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. In this case, the applicant has achieved and/or maintained successful return to work status, the attending provider has posited, with ongoing medication usage, including ongoing MS Contin usage. The applicant is reporting an appropriate reduction in pain scores with ongoing morphine usage and has stated that ongoing usage of morphine has ameliorated her ability to work, sleep, perform yard work, and perform other household chores. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.