

<b>Case Number:</b>	CM14-0173143		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/20/2005
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Interventional Spine 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 51-year-old female with a date of injury of 04/20/2005. The listed diagnoses are arthritis of the back, back pain, degenerative disk disease, facet arthritis of lumbar region and lumbar degenerative disk disease. According to progress report 09/10/2014, the patient presents with low back, left knee, and left shoulder pain. The back pain fluctuates in intensity and exacerbating factors consist of squatting, standing, and walking. Relieving factors consist of analgesics, medication, and rest. The patient states that Robaxin helps some but has lots of side effects. MS Contin has continued to help her "a lot." The patient is currently tolerating her medications well without difficulty or side effects. Overall, the patient reports 70% improvement with current medication regimen with improved pain, range of motion, and activities of daily living. Examination revealed bilateral tenderness and pain in the lower back. There was facet pain in the lower back with extension and generalized myofascial pains. This is a request for MS Contin 15 mg and MSIR 15 mg. Utilization review denied the request on 09/15/2014. Treatment reports from 04/18/2014 through 09/10/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with continued low back pain. Treating physician is requesting a refill of MS Contin 15 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been taking MS Contin since at least 04/18/2014. In this case, the treating physician does not provide before and after pain scales to show analgesia; no specific ADLs are discussed, no change in work status, or return to work to show significant functional improvement. The treating physician states that there are no side effects and the patient is tolerating the medications well, but urine toxicology and CURES reports are not addressed. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, this request is not medically necessary.

**MSIR 15mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with continued low back pain. The treating physician is requesting a refill of MSIR 15 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing MSIR 15 mg since at least 04/18/2014. In this case, the treating physician does not provide before and after pain scales to show analgesia; no specific activities of daily livings (ADLs) are discussed, no change in work status or return to work to show significant functional improvement. The treating physician states that there are no side effects and the patient is tolerating the medications well, but urine toxicology and CURES reports are not addressed. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, this request is not medically necessary.