

<b>Case Number:</b>	CM14-0178553		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/09/1998
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55-year-old female with complaints of low back and bilateral lower extremity pain. The date of injury is 2/9/98 and the mechanism of injury was not elicited. At the time of request for MS Contin 60 mg 3 tabs every 8 hours, there is subjective (LBP and shoulder pain) and objective (tenderness to the thoracic paraspinal muscles; normal but slow bipedal gait; L-spine ROM - flexion 40, extension 15, limitation of lateral flexion and rotation/extension with stiffness; tenderness in bilateral lumbosacral iliac junctions; tight paralumbar muscles; fullness of bilateral T/L paraspinal muscles with tenderness of the trigger points; full motor strength of LE; 5/5 knee extension, ankle, and EHL; 2+ DTRs in the knees and absent in Achilles) findings, imaging/other findings (UDS on 8/1/14 was positive for marijuana, morphine, and oxycodone.), current medications (oxycodone, MS Contin, and Zanaflex), diagnoses (chronic pain syndrome, lumbago, disorders of bursa and tendons in shoulder region, bicipital tenosynovitis, cervicgia, neck sprain, and long term use of other medications), and treatment to date (acetaminophen past 10 years, hand surgery on 6/12/14 relieved pain, and massage machine.) 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 in need of continuous treatment. Guidelines 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)." 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. The guidelines state continuation of opioids is

recommended if the patient has returned to work. The request for MS Contin 60 milligrams, 3 tabs every 8 hours, #240 was denied on 10/17/14.

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

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

**MS Contin 60 milligrams, 3 tabs every 8 hours, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain: Opioids, dosi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84, 94-97.

**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 in need of continuous treatment. Guidelines 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)." 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. Surveillance is documented which satisfies criteria for prescribing opioids however there is no documentation of treatment efficacy and functional status on and off drug therapy. Therefore, the request for MS Contin at the current dosage is non-certified.