

<b>Case Number:</b>	CM14-0181130		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	11/10/2001
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Internal 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 patient suffered his worker's comp injury on 11/10/01 and had a posterior lumbar decompression procedure to his back. He had posterior and anterior fusion at L3-4 and L4-5. However, his pain continued and became chronic. On 5/1/13 he was treated with Naprosyn but refused Flexeril because of side effects. On 12/30/13 he was treated with Norco 10/325 and Ultram 50 mg. On 7/23/14 his M.D. noted that he had chronic lumbar and leg pain and that he had a failed back syndrome. The pain was 8/10 with meds and 10/10 without meds. He was treated with Norco, Lyrica, Naprosyn, and Flexeril. He was also diagnosed with secondary depression, anxiety, and insomnia. He requested Psych evaluation for the implantation of a spinal cord stimulator to treat the pain. On 8/28/14 his M.D. noted that he was on Norco, MS Contin, and Zanaflex medication. However, the UR rejected the MS Contin authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of MS Contin 15mg, # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 96.

**Decision rationale:** MS Contin is a long acting morphine medication and is an opioid and therefore can cause side effects such as addiction, dependence, constipation, and respiratory depression. The MTUS states that extended release opioids should be reserved for patients who need continuous treatment for chronic pain and that the long duration of action allows for accumulation and enhances the risk of major side effects of the opioids. It also states that oral morphine is not recommended as primary treatment for persistent pain and that the use of opioid analgesics is controversial for non cancer pain. However, it does state that there is one study showing that P.O. morphine gives analgesic benefit and low risk of addiction but is unlikely to yield psychological or functional improvement. We note that the above patient suffered from depression, anxiety and insomnia. It is well known that these problems enhance pain and proper treatment of chronic pain addresses these problems. I do not notice any attempt to treat with such antidepressants as Elavil or Cymbalta which are also used for pain control or that Psychiatric consultation had been procured to treat these symptoms. Prior to using the long acting opioid, MS Contin, a trial of counseling and treating with agents that control both pain and depression should be done. Therefore, the request is not medically necessary.