

<b>Case Number:</b>	CM14-0185744		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 38 year old male with an injury date on 12/06/2003. Based on the 08/01/2014 progress report provided by the treating physician, the diagnoses are: 1. Low back pain with radicular symptoms to the right lower extremity. 2. Status post right knee surgery times three, with residual symptoms. 3. Left knee pain, possibly compensatory consequence. According to this report, the patient complains of "low back pain with radiating pain into the right lower extremity." Pain is rated at an 8/10 without pain medication and a 5/10 with medication." Physical exam reveals patient walk with an antalgic gait. Tenderness is noted over the lumbosacral paravertebral muscles and muscle spasm in the lower lumbar region. Sensation to touch is decreased over the right L4, L5 and S1. Range of motion is limited. The 06/17/2014 report indicates right knee pain in general is a 6/10 and 7-8 out of 10 at its worse; left knee pain in general is a 4/10 and 5-8 out of 10 at its worse; low back pain in general is an 8/10 and 8-9 out of 10 at its worse. "Pain is aggravated by prolonged standing, walking, by constant bending, kneeling, squatting, and driving. Pain improves with pain medication and relaxation." There were no other significant findings noted on this report. The utilization review denied the request on 10/10/2014. The requesting provider provided treatment reports from 03/07/2014 to 08/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSIR Capsule 15mg 1 PO BID to allow the patient this one refill of MSIR Capsule 15mg #60 for the purpose of weaning to discontinue with a reduction of MED by 10%, 20% per week over a weaning Period of 2-3 months: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Criteria for Use; and Opioids for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88,89,78.

**Decision rationale:** According to the 08/01/2014 report, this patient presents with "low back pain with radiating pain into the right lower extremity. The provider is requesting MSIR Capsule 15mg 1 PO BID to allow the patient this one refill of MSIR Capsule 15mg #60 for the purpose of weaning to discontinue with a reduction of MED by 10%20% per week over a weaning Period of 2-3 months. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4As (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant 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. MSIR was first mentioned in the 06/17/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of reports show patient has "good symptom relief without side effects" with usage of medications." "Pain interferes with his activities of daily living and sleep. He rates his pain at 8/10 without pain medication and a 5/10 with pain medication." The patient states "he is not receiving pain medications from any other source. He denies illicit drug use." Per 06/17/2014 report, "patient reports difficulty with physical activities such as walking, standing, sitting, reclining, climbing, house chores, and personal hygiene. He cannot lift or carry heavy items." In this case report shows good documentation of the four A's as noted above. Therefore, the request is medically necessary and appropriate.