

<b>Case Number:</b>	CM14-0020982		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/26/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 62-year-old male who reported an injury on 07/26/2007. The mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 01/08/2014, the injured worker reported that his pain level had remained unchanged since his previous visit and the location of the pain has not changed. The injured worker reported that he was not trying any other therapies for pain relief and his activity level remained the same. The injured worker further reported that his medications were working well with no side effects reported. The injured worker's reported medication list included MS Contin 30 mg twice a day and oxycodone HCL 15 mg 3 times a day as needed. Within the clinical note it was revealed that the injured worker's last reported urine toxicology screening was dated 10/19/2012 and was consistent with the prescribed medication at the time. However, there was a positive result to THC. Physical exam revealed limited range of motion in the shoulders, elbow, right wrist, and hand. The listed diagnoses for the injured worker included elbow pain, hand pain, and carpal tunnel syndrome. In the physician's review of medication, the listed rationale for MS Contin was for baseline pain and states the injured worker can perform more activities of daily living while utilizing the medication. The urine specimen collected on 10/10/2013 for the random drug screening revealed that the injured worker reported prescriptions including oxycodone and MS Contin. However, the urinalysis produced a positive report for THC. The request for authorization was dated 01/21/2104 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN ER 30MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ORAL MORPHINE Page(s): 96.

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

**Decision rationale:** The request for MS Contin ER 30 mg is not medically necessary. The California MTUS Guidelines recognize 4 domains that 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 non-adherent) drug-related behaviors. The documentation submitted for review had shown no documentation of significant functional improvement while utilizing the medication and acceptable pain medication documented with the utilization of medication as opposed to not utilizing the medication. However, within the random urine drug screens, the presence of THC has indicated the usage of illegal substances. Within the assessment of the clinical visit, it was not noted that the physician had addressed the presence of possible abuse, or an indication of a prescription that has shown that the injured worker was authorized to use the unexpected result. The guidelines clearly recommend that opioids are not to be used in the presence of illicit drug usage and are contraindicated by the guidelines. As such, the request is not medically necessary.