

<b>Case Number:</b>	CM14-0077032		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 57-year-old male with a date of injury of 04/12/2000. The listed diagnoses per [REDACTED] are chronic opioid analgesic therapy, chronic left knee pain, pain related insomnia, neuroaugmentation, and permanent and stationary. According to progress report on 04/21/2014 by [REDACTED], the patient presents for management of his chronic knee pain and medications. His average pain level day and night since his last visit has been 4/10. His pain level before taking medication is 7/10 and after medication is 4/10. It takes 60 minutes after medications to get improvement and lasts approximately 4 hours. The patient's current medication regimen includes MS Contin, Elavil, Norco, and Morphine. The patient denies any side effects with medication intake. The patient was administered a drug screen which was consistent with the medications prescribed. The provider is requesting a refill of MS Contin 60 mg #60 two times daily for knee pain, MS Contin 30 mg #30 one daily for knee pain, and Elavil 50 mg #30 at bedtime. Utilization review denied the request on 05/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate; Morphine sulfate ER, CR; Chronic back pain; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 78, 88-89.

**Decision rationale:** This patient presents with chronic knee pain. The provider is requesting a refill of MS Contin 60 mg #60 to be taken twice daily for patient's knee pain. Page 78 of MTUS requires Pain Assessment that 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical records indicates that the patient has been taking MS Contin since 06/27/2013. Utilization review denied the request for MS Contin 30 mg and 60 mg but approved request for Norco 10/325 mg. In this case, review of the medical file which includes progress reports from 01/22/2013 to 04/21/2014 provides pain scales and discussion of reduction of pain with taking medication. However, the provider does not provide any functional improvement with taking chronic opioid. Therefore, this request is not medically necessary.

**MS Contin 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate; Morphine sulfate ER, CR; Chronic back pain; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use, Page(s): 78, 88-89.

**Decision rationale:** This patient presents with chronic knee pain. The provider is requesting a refill of MS Contin 30 mg #60 to be taken twice daily for patient's knee pain. Page 78 of MTUS requires Pain Assessment that 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical records indicates that the patient has been taking MS Contin since 06/27/2013. Utilization review denied the request for MS Contin 30 mg and 60 mg but approved request for Norco 10/325 mg. In this case, review of the medical file which includes progress reports from 01/22/2013 to 04/21/2014 provides pain scales and discussion of reduction of pain with taking medication. However, the provider does not provide any functional improvement with taking chronic opioid. Therefore, this request is not medically necessary.

**Elavil 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Insomnia treatment, Sedating antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13, 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment.

**Decision rationale:** This patient presents with chronic knee pain. The provider is requesting a refill of Elavil 50 mg #30. The medical records indicate that patient has been taking Elavil since at least 05/27/2013. The MTUS support tricyclic antidepressants for chronic pain/neuropathic pain type of condition. Official Disability Guidelines has the following regarding Remeron for insomnia, Sedating antidepressants (e.g., Amitriptyline, Trazodone, Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. In this case, there is no indication that this patient suffers from depression. Official Disability Guidelines recommends Amitriptyline to treat insomnia with coexisting depression. Elavil can also be used for neuropathic pain but this patient does not present with neuropathic pain. Therefore, this request is not medically necessary.