

<b>Case Number:</b>	CM14-0208522		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/09/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Occupational Medicine and is licensed to practice in Arizona. 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:

This 49 year old female sustained industrial related injuries from cumulative trauma from 09/09/2011 through 09/09/2012. The results of the injury and the initial diagnoses were not noted. Per the follow-up pain management consultation evaluation (dated 11/07/2014), the injured worker's subjective complaints included low back pain, bilateral knee pain, and depression. Objective findings on this report included a mild antalgic gait favoring the right lower extremity, tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region, trigger points and taut bands with tenderness to palpation noted throughout. Lumbar range of motion (ROM) was noted as: flexion of 45, extension of 15, left lateral bend of 20 and right lateral bend of 20. Neurologic findings in the lower extremities included: deep tendon reflexes of the patellae at 2+ bilaterally and Achilles tendon reflexes of 2+ bilaterally. Motor testing of the lower extremities included: normal knee flexion (L3) and extension (L4) bilaterally, and slightly decreased ankle flexion (S1), ankle extension (L5) and great toe extension (L5) of 5-/5 bilaterally. The sensory examination revealed a decreased sensation to Wartenberg pinprick wheel along the posterolateral thigh and posterolateral calf bilaterally in approximately the L5-S1 distribution. Straight leg raise in a modified sitting position was positive at 60 bilaterally and caused radiculopathy symptoms. Examination of the knees revealed: crepitus bilaterally with tenderness along the medial and lateral joint lines, well-healed portal scars with positive soft tissue swelling and tenderness along the lateral aspect. Treatment to date has included bilateral S1 transforaminal epidural steroid injection (10/13/2014), extensive conservative physiotherapy, trigger point injections, bilateral knee arthroscopic surgeries (right 10/22/2013 & left 07/01/2014), posterior lumbar interbody fusion (PLIF) (2003, old injury), medications, physical therapy, psychological therapy, and failed pharmacologic conservative treatments. Diagnostic testing has included: EMG 09/22/2014) revealing chronic left S1

radiculopathy; MRI of the lumbar spine (10/06/2014) revealing a solid posterior fusion at the L5-S1 with a 3 mm central disc bulge extending inferiorly into the S1 segments, enhancing epidural fibrosis on the right with some encroachment of the right exiting nerve root, L3-L4 5.4 mm concentric posterior annular bulge deforming the ventral thecal sac and contributing to moderate neural foraminal narrowing; MRI of the lumbar spine (10/12/2012) revealing a status post posterior fusion at the L5-S1 with artifact and moderate right neural foraminal stenosis at the L5-S1 level; a MRI of the right knee (10/12/2012) revealing a horizontal tear of the posterior horn and body of the medial meniscus extending into the inferior articular surface; and a MRI of the left knee (10/12/2012) revealing a horizontal tear of the posterior horn of the body of the medial meniscus extending into the inferior articular surface. Current diagnoses include bilateral knee medial meniscus tears, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, status post L5-S1 PLIF, medication induced gastritis, right knee status post arthroscopic surgery, and left knee status post arthroscopic surgery. The MS contin was requested for the treatment of severe pain. Treatments in place around the time the MS Contin was requested included medications and active self-directed physiotherapy. There were no recent VAS score pain ratings provided to assess changes in the injured worker's pain levels; however, the evaluation (date 09/04/2014) stated that the injured worker reported increasing pain affecting ability to complete activities of daily living. Functional deficits had not changed from other exam findings for the previous 3-4 months. There were no noted changes in ability to complete activities of daily living over the last 3-4 months. Work status was unchanged. Dependency on medical care was unchanged. On 11/19/2014, Utilization Review modified a prescription for MS contin 30 mg #30 which was requested on 11/12/2014. The MS contin 30 mg #30 was modified to a one month approved for weaning based on the absence of decreased pain, absence of measurable analgesic benefit (VAS scores) with the use of opioids, and the absence of functional/vocational benefit with ongoing use. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of MS contin 30 mg #30.

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

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids, and Therapeutic Trial of Opi. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tolerance and addiction Page(s): 74-96; 82.

**Decision rationale:** Per MTUS, Opioids should be discontinued if there is no overall improvement in function unless there are extenuating circumstances and if there is decrease in functioning. Opioids should be continued if the patient has returned to work, if the patient has improved functioning and pain. A review of the injured workers medical records 9/4/2014 show an increase in pain and a decrease in her ability to perform her activities of daily living despite

treatment with 30mg of MS Contin daily suggesting tolerance. Per MTUS, Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Based on the injured workers clinical presentation and the guidelines the request for MS Contin 30mg # 30 in the injured worker is not medically necessary.