

<b>Case Number:</b>	CM14-0066663		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 60 year old male with an injury date of 05/05/08. Based on the 04/08/14 progress report provided by treating physician, the patient complains of low back pain in the lumbar region rated 7/10 with an aching, burning, throbbing, stabbing quality with numbness and radicular leg pain bilaterally exacerbated by extension/flexion. Patient also complains of bilateral shoulder pain rated 8/10 with an aching, burning, tender quality with some tingling sensations. Patient also complains of right knee pain rated 7/10 with an aching, burning, shooting, throbbing quality exacerbated by physical activity/lifting. Patient also complains of bilateral hip pain with a throbbing, tingling, burning, and "pins-and-needles" quality. Patient is status post lumbar fusion in 2012, shoulder surgeries (exact procedures unspecified) in 2009 and 2010. Physical examination 04/08/14 revealed several well healed surgical scars in the lumbar region, pain on palpation to the lumbar spine facet capsules from L5 to L3 levels bilaterally, secondary myofascial pain with triggering, ropey/fibrotic banding and spasms, and positive stork test on the right, positive FABER maneuver bilaterally, decreased light touch sensation bilaterally to the S1, L4, L5 dermatomes. Shoulder examination of the left shoulder revealed impingement symptoms with abduction to 100 degrees and pain during external rotation. Knee examination finds no swelling or pain on palpation, minimal crepitation on flexion and extension. Diagnostic imaging of lumbosacral spine indicates a 2mm diffuse disc bulge at L1-L2 level with bilateral foraminal narrowing, 3-4mm diffuse disc bulge at L2-L3 level with bilateral foraminal narrowing, 3-4mm diffuse disc bulge with bilateral foraminal narrowing at L3-L4 level, 4-5mm diffuse disc bulge with bilateral foraminal narrowing at L4-L5 level with bilateral foraminal narrowing and moderate ligamentum flavum and facet arthropathy, 7mm broad based central disc protrusion abutting the S1 nerve bilaterally at L5-S1 level. CT arthrogram of left shoulder shows diffuse

tendinosis of the subscapularis tendon, suspected small full thickness tear of the superior margin of the subscapularis lateral to the coracoid region, mild to moderate osteoarthritis of the acromioclavicular joint. Patient is currently prescribed Atenolol, Chlor Trimeton Allergy Decongestant, Cymbalta, MS Contin, Neurontin, Norco, Nuvigil, Omeprazole, and Zanaflex. Diagnosis 04/08/14, 03/03/14, 02/28/14 - Bilateral shoulder injury consistent with rotator cuff tear - Post-traumatic synovitis, right knee - Medial collateral bursitis, right knee - Spinal stenosis, L1-S1 - Tendinosis, left shoulder - Osteoarthritis, left shoulder - Rotator cuff/Labral tear, left shoulder - Morbid obesity - Discopathy L1-S1 The utilization review determination being challenged is dated 04/21/14. The rationale is "long term use of opiates is not supported by current evidence based guidelines. This patient has been utilizing opiate medications since at least January 2013 despite prior recommendations for weaning; the patient's opiates have remained unchanged. Continued use is not recommended for this patient and he should be weaned." Treatment reports were provided from 10/04/13 to 04/08/14.

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

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

**MS Contin 15 mg take 1 every 8 hours #90- Allow this refill 90 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 Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Opioids, criteria for use

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.CRITERIA FOR USE OF OPIOIDS Page(s): 60,61,88, 89 and 76-78.

**Decision rationale:** The patient presents with low back pain in the lumbar region rated 7/10 with an aching, burning, throbbing, stabbing quality with numbness and radicular leg pain bilaterally exacerbated by extension/flexion. Patient also complains of bilateral shoulder pain rated 8/10 with an aching, burning, tender, quality with some tingling sensations and tenderness. Patient also complains of right knee pain rated 7/10 with an aching, burning, shooting, throbbing quality exacerbated by physical activity/lifting. Patient also complains of hip pain (side unspecified) with a throbbing, tingling, burning, "pins-and-needles" quality. Patient is status post lumbar fusion in 2012, shoulder surgeries (exact procedures unspecified) in 2009 and 2010. The request is for MS Contin 15mg take 1 every 8 hours #90 - allow this refill for the purpose of weaning and discontinue with a reduction of med by 10%-20% per week over a weaning period of 2-3 months. Physical examination 04/08/14 revealed several well healed surgical scars in the lumbar region, pain on palpation to the lumbar spine facet capsules from L5 to L3 levels bilaterally, secondary myofascial pain with triggering, ropey/fibrotic banding and spasms, and positive stork test on the right, positive FABER maneuver bilaterally, decreased light touch sensation bilaterally to the S1, L4, L5 dermatomes. Shoulder examination of the left shoulder revealed impingement symptoms with abduction to 100 degrees and pain during external rotation. Knee examination finds no swelling or pain on palpation, minimal crepitation on flexion and

extension. 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, ADLs, adverse side effects, and adverse 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. Per records provided, MS Contin is prescribed for chronic multi-system pain. Per progress report dated 04/08/14 provider states "he is using medications with marked benefit for increased functional capacity, and decreased pain and suffering, without signs of illicit drug abuse or diversion". Such general statements are not specific enough to establish compliance with the 4 A's assessment protocols as specified by MTUS. Neither quantitative pain improvements, nor specific improvements to function are specified. However, the request is for refill of this medication with a specific plan for weaning. MTUS does support slow weaning of the medication. The request is medically necessary.