

<b>Case Number:</b>	CM14-0079219		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, District of Columbia,  
Maryland Certification(s)/Specialty: Anesthesiology, Pain  
Management

### 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 sustained an industrial injury on 11-30-04. A review of the medical records indicates that the worker is undergoing treatment for status post L4-5 and L5-S1 interbody fusion (1995), right lower extremity radiculopathy, status post interbody fusion at L1-2, L2-3, and L3-4 (10-2006), reactionary depression-anxiety, erectile dysfunction- industrially related, medication induced gastritis, spinal cord stimulator placement in the lower extremities (7-17-08), removal of percutaneous placement of spinal cord stimulator (2-8-10) and right knee sprain-strain secondary to fall. Subjective complaints (4-18-14) include increased pain over the lower back with pain radiating down to both lower extremities, pain is rated at 8 out of 10, and right knee pain (steadily worsened following a fall in 11-2013). Objective findings (4-18-14) include an antalgic gait favoring the left lower extremity with obvious foot drop, use of a cane, tenderness to palpation of the cervical musculature, increased muscle rigidity, numerous trigger points throughout lumbar paraspinals, muscle guarding, lumbar tenderness to palpation, sensory exam was decreased in the approximate L5-S1 distribution, right knee tenderness with soft tissue swelling, crepitus and a positive McMurray's sign on the right. It is noted, the worker consistently decreases his need for narcotics after every epidural steroid injection. It is noted the worker requested to cut back on the MS Contin to 50% from MS Contin 60mg to 30mg with instructions to take 3 or 4 times a day. Previous treatment includes lumbar epidural steroid injection (9-19-13) with reported 3 months of benefit, MS Contin, Norco, Valium, Protonix, Zoloft, FexMid, Oxycontin, two Corticosteroid injections-

knee, and antidepressants. The requested treatment of 120 tablets of MS Contin 30mg was non-certified on 5-9-14.

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

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

#### **120 tablets of MS Contin 30mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill 2006 Physician's Desk Reference, 68th ed [www.RXList.com](http://www.RXList.com) Official Disability Guidelines Workers Compensation Drug Formulary [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) [drugs.com](http://drugs.com) Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) Monthly Prescribing Reference [www.empr.com](http://www.empr.com) Opioid Dose Calculator- AMDD Agency Medical Directors' Group Dose Calculator [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains 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. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." "Review of the available medical records reveals no documentation to support the medical necessity of MS Contin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS report available for review was dated 1/29/14, and was consistent with prescribed medications. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.