

<b>Case Number:</b>	CM15-0000067		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 58-year-old male, with a reported date of injury of 10/16/2000. He reported left knee pain. The diagnoses have included left knee pain, and chronic pain syndrome. Treatments to date have included Endocet, MS Contin, Lyrica, Cymbalta, and left knee replacement in 2006, with multiple revisions. Currently, the injured worker complains of left knee pain, and rated the pain 3 out of 10. He said the pain was worse at night. There was documentation that the MS Contin helped with six (6) tablets of Endocet, improved activities of daily living, and no abnormal behavior. The objective findings included a wide spaced gait and wobble and limps with his legs spread apart. The treating physician requested MS Contin for refill. On 12/18/2014, Utilization Review (UR) modified a request for MS Contin 60mg #60 to MS Contin 60mg #52, noting that a slow taper for opioids is recommended. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of MS Contin 60mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic knee pain with an injury sustained in 2000. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to MS Contin to justify use per the guidelines. The medical necessity of MS Contin is not substantiated in the records.