

<b>Case Number:</b>	CM15-0100558		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	01/06/1996
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 48-year-old male who sustained an industrial injury on 01/06/1996. Diagnoses include chronic pain syndrome. MRI of the right knee on 5/23/09 noted a possible meniscus tear, large joint effusion, severe patellar chondromalacia, mild medial compartment articular cartilage thinning without osteochondral defect and osteoarthritic changes. Treatment to date has included medications, epidurals, physical therapy, chiropractic treatment, home exercises, multiple surgeries, heat/ice, massage and dental procedures. Office visit notes for 6/6/14 showed the Injured Worker had complaints of pain in the neck, shoulders, elbow, low back and bilateral hips described as moderate, intermittent and stabbing. He rated the pain 3/10 with medications. The physical exam on that date showed the IW had stiffness, pain and tenderness over the cervical and lumbar spine with painful range of motion and tenderness over the bilateral trochanteric bursae. Progress notes for 1/19/15 stated the Injured Worker was working on weaning off the Morphine with hopes of being off the medication by the following month. He stated the pain medication reduced his pain from 7 or 8/10 to 4/10. According to the progress notes dated 2/18/15, the Injured Worker reported he was taking only two MS Contin daily and was continuing to wean off the medication over the next several months. A request was made for MS Contin 15mg, #60 and Oxycodone 30mg, #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". There is no clear documentation for the need of MS Contin. The patient was started on weaning dose of morphine and was expected to discontinue opioids. Therefore, the request of MS Contin 15 mg #60 is not medically necessary.

**Oxycontin 30 mg #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". There is justification for the use of 2 opioids at the same time. The patient was started on weaning dose of morphine and was expected to stop opioids. Therefore, the prescription of Oxycontin 30 mg #180 is not medically necessary.