

<b>Case Number:</b>	CM15-0167752		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: California

Certification(s)/Specialty: Emergency 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 33 year old male who sustained an industrial injury on 10-17-2014. He states he had a twisting injury to his left knee. He has reported left knee pain and has been diagnosed with left knee pain, secondary to medial meniscus tear. Treatment has included injections, physical therapy, and activity modification. There was a positive medial McMurray's. There was positive medial joint line pain. The treatment plan included surgery, physical therapy, and cryotherapy. The treatment request included MS Contin 15 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg tabs #60 or BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MS Contin is extended release morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Pt was previously on Norco and this request is a switch to MS Contin due to poor pain relief. Patient has been scheduled for surgery. Escalation and chronic use of opioids for non-malignant pathology is not recommended by guidelines. Patient has surgery planned and there is no need to escalate opioid dose prior to surgery which may lead to issues with dependency post-operatively. MS Contin is not medically necessary.