

<b>Case Number:</b>	CM15-0186021		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/12/1996
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old male, who sustained an industrial injury on 9-12-1996. The injured worker was diagnosed as having T11 compression fracture (unstable), spinal stenosis, and left foot crush injury. Treatment to date has included diagnostics, lumbar fusion in 2004, right knee surgery in 1999, left foot surgeries, and medications. Several PR2 reports within the submitted medical records are not dated to clarify examination dates. Per the most recent dated PR2 report (6-21-2015-handwritten and difficult to decipher), the injured worker complains of daily neck and low back pain, rated 4 out of 10 with medications and 8 out of 10 without. His medication use included MS Contin 100mg (4 times daily) with use noted since at least 1-2015, MSIR 30mg (illegible) with use noted since at least 1-2015, Motrin 800mg (2-3 per day), and Flexeril 10mg (2-3 per day). The treating physician documented that he had no side effects and did not display aberrant behavior. The documentation noted that he needed medication in order to walk and function, noting that it made no sense to wean until evaluation of a compression fracture on 7-14-2015. It was documented by the treating physician that back and left foot pain was "stable" on the above medications and that he could not walk or function without them. A consultation report (7-14-2015) noted complaints of back and leg pain, noting that left leg pain was greater than right, and both reach pain levels of 10 out of 10. He also had complaints of intermittent neck and arm pain, the neck reaching pain levels of 7 out of 10 and arm 4 out of 10. It was documented that he "has been treated with medication and physical therapy, but he is continuing to deteriorate". His current medication regimen was documented as including Ibuprofen 800mg, MS Contin 100mg four times daily, MSIR 30mg (2 tablets every 4 hours), Cyclobenzaprine, Trazadone, Sertraline, and Lidocaine patches. His Oswestry Questionnaire showed that "pain medication provided moderate relief", he was "able to care for himself", able

to walk "quarter of a mile", sit, stand and travel for "1 hour", sleep "4 hours with medication", had "no social life", and was able to complete "most homemaking duties". A review of symptoms was positive for constipation. Exam noted difficulty with ambulation, left foot swelling with glossy skin and loss of hair, with warmth and redness. Straight leg raise was limited by stiffness. Lumbar flexion was "about 40% and extension was 0, "somewhat inhibited by a large panniculus". New radiographic imaging studies were recommended. His work status was not documented. Per the Request for Authorization dated 8-18-2015, the treatment plan included MS Contin 100mg #120 and MSIR 30mg #360. On 8-21-2015, Utilization Review modified the requested MS Contin 100mg to #30 and non-certified the requested MSIR #360.

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

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

#### **MS Contin 100mg #120: 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, dosing.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1996 and continues to be treated for neck and low back pain. He had a lumbar fusion in December 2004 with possible failure and a history of lumbar and thoracic compression fractures. He has diagnoses that include left leg and foot CRPS. Further lumbar surgery and a spinal cord stimulator are being considered. When seen, he was having daily mid and low back pain. Medications are referenced as decreasing pain from 8/10 to 3/10 and enabling him to be able to walk. Recent physical examination findings include a body mass index over 40, difficulty ambulating due to low back and left foot discomfort, findings consistent with left lower extremity CRPS, and decreased lumbar range of motion with lumbar flexion of 20 degrees and lumbar extension of 0 degrees. MS Contin and MSIR are being prescribed at a total MED (morphine equivalent dose) of 760 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than six times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of MS Contin at this dose is not considered medically necessary.

#### **MSIR 30mg #360: 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, dosing.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1996 and continues to be treated for neck and low back pain. He had a lumbar fusion in December 2004 with possible failure and a history of lumbar and thoracic compression fractures.

He has diagnoses that include left leg and foot CRPS. Further lumbar surgery and a spinal cord stimulator are being considered. When seen, he was having daily mid and low back pain. Medications are referenced as decreasing pain from 8/10 to 3/10 and enabling him to be able to walk. Recent physical examination findings include a body mass index over 40, difficulty ambulating due to low back and left foot discomfort, findings consistent with left lower extremity CRPS, and decreased lumbar range of motion with lumbar flexion of 20 degrees and lumbar extension of 0 degrees. MS Contin and MSIR are being prescribed at a total MED (morphine equivalent dose) of 760 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than six times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of MSIR at this dose is not considered medically necessary.