

<b>Case Number:</b>	CM15-0188384		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 70-year-old male with a date of industrial injury 2-11-2009. The medical records indicated the injured worker (IW) was treated for status post left total hip replacement (2015); lumbar degenerative disc disease with bilateral lower extremity radiculopathy; and degenerative L5-S1 spondylolisthesis with possible pars defect. In the progress notes (8-19-15), the IW reported low back pain rated 4 out of 10. Hip surgery performed 7-24-15 relieved his left hip pain very well and the IW believed it may have benefitted his low back as well. He was taking MS Contin (prescribed 7-20-15), Norco, Ultracet, Anaprox and Prilosec. He was temporarily totally disabled. The IW (8-19-15 notes) walked with a front-wheeled walker. The lumbar muscles were tender to palpation bilaterally with increased rigidity and trigger points in the paraspinal muscles. Compared to the normal measurements given, the IW had decreased lumbar ranges of motion. Achilles reflexes were 1 out of 4 bilaterally. Motor testing was 5 out of 5 throughout the bilateral lower extremities. Sensation was decreased in the left approximate L5-S1 distribution. There was slight weakness in left hip abduction and adduction. Treatments included left hip steroid injections, left hip surgery and medications. MS Contin was refilled for postoperative pain and physical therapy for the left hip was requested. A Request for Authorization was received for MS Contin 30mg #30. The Utilization Review on 8-30-15 non-certified the request for MS Contin 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #30:** Overturned

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

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

**Decision rationale:** The attending physician report dated 8/19/15 indicates the patient has persistent left hip pain, low back pain and right knee pain. He is status/post left hip replacement on 7/24/15. The current request for consideration is MS Contin 30mg #30. The attending physician states that a prescription was written for MS Contin 30mg #30 1 tablet daily as needed for post/op pain. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, there is clear documentation of the 4 A's. There is documentation of improved functional ability and decreased pain. The records indicate the patient is routinely monitored for at risk behavior with a urinary drug screen, CURES review, and maintains an up to date opioid contract. Records indicate the patient has no indications of abuse potential. The available documentation establishes medical necessity for the request of MS Contin 30mg #30.