

<b>Case Number:</b>	CM15-0196640		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 38 year old male, who sustained an industrial injury on 7-16-2008. The injured worker is undergoing treatment for knee pain, pain in joint lower leg, carpal tunnel syndrome and chronic pain syndrome. Medical records dated 8-31-2015 indicate the injured worker complains of bilateral wrist and knee pain unchanged and described as sharp, aching, burning, throbbing, pins and needles and shooting. Pain is rated 5 out of 10. He reports he is working full time. Physical exam dated 8-31-2015 notes tenderness to palpation of the left knee with swelling. Treatment to date has included home exercise program (HEP), ice-heat, labs, Methadone, MS Contin 100mg since at least 3-4-2015, Tramadol, Diazepam and Norco. The original utilization review dated 9-25-2015 indicates the request for retrospective MS Contin tablets 100mg ER, 15 days supply, quantity 60 DOS 9-13-15 is modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective MS Contin tablets 100mg ER, 15 days supply, quantity 60 DOS 9-13-15:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

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

**Decision rationale:** The request is for MS Contin tablets 100 mg ER, which is a long acting narcotic for the treatment of severe pain. The chronic use of narcotics for chronic pain are not without significant risk. The MTUS guidelines recommend that dosing of narcotics not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker is currently taking a regimen that far exceeds the 120 mg of morphine equivalents per day, which is unsafe and very difficult to justify. The request as submitted is not medically necessary.