

<b>Case Number:</b>	CM15-0197247		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/24/2001
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on 11-24-2001. Medical records indicated the worker was treated for chronic neck pain. According to the provider notes (07-21-2015), she also presented with a new injury of fractured right wrist and left ankle for which she had been hospitalized for surgery on the wrist and ankle. She was on Dilaudid while hospitalized, and was discharged with a prescription for Soma and Norco. She did not fill that prescription, and instead presented to her pain management physicians for a new prescription of MS Contin and Norco for continuity of getting prescriptions from only one physician. She complains of pain that goes from an 8 on a scale of 0-10 without medications and goes down to 4 on a scale of 0-10 with medications. Pain medications allow her to be more active and take care of personal hygiene and some light household chores. She denies negative side effects and tolerates the medicines well. There have been no aberrant behaviors, she has a signed pain contract, and urine drug screens (last one 06-25-2015) have been consistent with medications prescribed. Objectively, the worker has bandages over the right wrist and left ankle. She ambulates slowly favoring the left leg. Her medications (09-17-2015) include Soma, Zoloft, Lactulose as needed for constipation, Ambien, MS Contin 30mg (since at least 03-05-2015) and Norco 10/325mg (since at least 03-05-2015). She also has a transcutaneous electrical nerve stimulation (TENS) unit. Prescriptions were given for MS Contin 30mg #120 and Norco 10/325mg #240. A request for authorization was submitted for MS Contin 30mg #120 and Norco 10/325mg #240A utilization review decision 10-02-2015 authorized the Norco and modified the request for MS Contin 30mg #120 to MS Contin 30mg # 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #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): Oral morphine.

**Decision rationale:** Morphine is not recommended for non-cancer related chronic pain. In addition, doses exceeding 120 mg of Morphine equivalent are not recommended. In this case, the claimant does not have cancer related pain. The combined dose of Morphine and Norco exceeds 120 mg of Morphine. There is not mention of weaning or Tricyclic failure. Continued use of MSContin as above is not medically necessary.