

<b>Case Number:</b>	CM15-0049398		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/29/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: 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:

The injured worker is a 66-year-old female who sustained an industrial injury on 09/29/01. Initial complaints and diagnoses are not available. Treatments to date include medications and a home exercise program. Diagnostic studies are not discussed. Current complaints include depression and low back pain. In a progress note dated 02/26/15 the treating provider reports the plan of care includes medications including MSContin and Norco, home exercise program, as well as weight loss. The requested treatment is MSContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for MS Contin 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain radiating to the bilateral buttocks and lower extremities. The physician is requesting one prescription of MS CONTIN 30 MG

#60. The RFA dated 02/26/2015 shows a request for MS Contin 30 mg #60 1 tab bid. The patient's date of injury is from 09/29/2001 and she is currently permanently disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed MS Contin on 11/04/2014. The 12/01/2014 progress report states that the patient tolerates her medications well. She reports no side effects. Her current pain level is at 4/10 and medications help 60%. There are no before and after pain scales to show analgesia. None of the reports discussed specifics regarding activities of daily living. No side effects were reported and no aberrant drug-seeking behaviors such as urine drug screen or CURES report were provided to show adherence to medications. Given the lack of sufficient documentation showing medication efficacy for continued opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.