

<b>Case Number:</b>	CM15-0052105		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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:

This 47 year old male sustained an industrial injury to the neck and back on 6/11/10. Previous treatment included magnetic resonance imaging, cervical fusion, lumbar fusion, lumbar brace, physical therapy, acupuncture, chiropractic therapy, meditation, cane, bone stimulator, epidural steroid injections, home exercise, cervical collar, psychiatric care and medications. In a progress note dated 2/17/15, the injured worker complained of neck and back pain with spasms and numbness as well as tingling to bilateral hands and feet. Current diagnoses included cervical spine degenerative disc disease, lumbar spine degenerative disc disease, lumbar and cervical failed back surgery syndrome, posttraumatic stress disorder, anxiety, panic attacks and financial hardship secondary to disability. The treatment plan included electromyography/nerve conduction velocity test bilateral upper and lower extremities, family counseling, consider second surgical opinion and medications (MS Contin and Morphine IR).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain, Opioids.

**Decision rationale:** The medical records report ongoing pain that is helped functionally by continued use of opioids. The medical records do indicate and document formal opioid risk mitigation tool use. Official Disability Guidelines supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These 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. Given the medical records do document such ongoing monitoring; the medical records do support the continued use of opioids such as morphine. Therefore, this request is medically necessary.

**Morphine IR 15mg #90:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain, Opioids.

**Decision rationale:** The medical records report ongoing pain that is helped functionally by continued use of opioids. The medical records do indicate and document formal opioid risk mitigation tool use. Official Disability Guidelines supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These 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. Given the medical records do document such ongoing monitoring; the medical records do support the continued use of opioids such as morphine. Therefore, this request is medically necessary.