

<b>Case Number:</b>	CM15-0080880		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 65 year old male sustained an industrial injury to the low back on 8/8/00. The injured worker had a history of six back surgeries with hardware complications. Recent treatment included medications. In a progress note dated 4/13/15, the injured worker complained of low back pain, rated 7-8/10 on the visual analog scale. The injured worker reported that he had discovered that he had ulcers about one month ago. The physician noted that the injured worker reported pain as basically stable and controlled with current medications. Current diagnoses included post laminectomy syndrome and pelvic/thigh/hip pain. The treatment plan included prescriptions for MS Contin, Norco, Elavil and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg, #56, 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on 8/8/00. The medical records provided indicate the diagnosis of post laminectomy syndrome and pelvic/thigh/hip pain. Treatments have included medications. The medical records provided for review do not indicate a medical necessity for MS Contin 15mg, #56, 1 refill. Morphine sulfate (MS Contin); is an opioid medication. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid. The medical records indicate the injured worker has ulcer, is on treatment with antidepressant, and muscle relaxant; the use of this medication predates 07/2011; medications provide about 30% pain relief and improves activities of daily living ; there is no aberrant behavior and he gets this medication only from one source. The presence of ulcer means the injured worker is not tolerating NSAIDs; Soma, the muscle relaxant, has been used beyond the recommended two to three weeks and has to be discontinued. The only other medication left for the injured worker would be the opioid and the antidepressant. At this time, it is medically necessary to continue with this medication as the records indicate an overall improvement with its use, though it has been used for a long time, and until an alternative measure is found for the discontinued NSAID.