

<b>Case Number:</b>	CM15-0085250		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	11/02/1994
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old male, who sustained an industrial injury on 11/2/94. The injured worker was diagnosed as having failed lumbar back syndrome, lumbar arthritis, cervical spondylosis without myelopathy, cervical radiculitis, disc degeneration, myofascial pain, osteoarthritis of hip, pain in had joint and medication management. Treatment to date has included oral medications including Morphine, Oxycodone, Soma and naproxen; lumbar surgery, physical therapy and home exercise program. Currently, the injured worker complains of ongoing neck pain described as aching and ongoing low back pain alleviated by relaxation techniques and medications; he rates the pain as 5-7/10. The injured worker states the pain radiates down both legs. The injured worker states he has had injections in the past and they were helpful. Physical exam noted muscle spasms and radicular pain to right leg. The treatment plan included a request for lumbar epidural injection and continuation of oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injections x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs, neck pain that went into the arms, and constipation. There were no recent documentation examination findings suggesting the worker had an active radiculopathy at the time of the request. There also was no discussion describing special circumstances that sufficiently supported this request. The worker had had a prior injection, but these records did not demonstrate the above criteria. In the absence of such evidence, the current request for two caudal epidural steroid injection at unspecified sides and levels is not medically necessary.

**MS Contin (Morphine Sulfate) 45 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** MS-Contin (long-acting morphine) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs, neck pain that went into the arms, and constipation. The recorded pain assessments contained few of the elements suggested by the

Guidelines. There was no description of improved function with the use of this medication or documentation of an individualized risk assessment. There was no description of special circumstances that sufficiently supported this request. Further, the request is for an indefinite supply of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of MS-Contin (long-acting morphine) 45mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available. This request is not medically necessary.