

<b>Case Number:</b>	CM13-0007952		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 72-year-old male with a 5/28/12 date of injury. At the time (7/23/13) of request for authorization for 1 prescription of MS Contin 30mg #90, there is documentation of subjective neck pain, stiffness, low back pain, leg pain, bilateral shoulder pain, and upper arm pain exacerbated with overhead lifting. Objective findings include tenderness to palpation over the lumbar spine, bilateral shoulder and arms, and neck and legs with stiffness. Current diagnoses include rib fractures, back compression fracture, right shoulder fracture, and right rotator cuff tear. Treatment to date include MS Contin since at least 2/19/13, Norco, and Ibuprofen. In addition, 7/23/13 medical report identifies that MS Contin "is not lasting 12 hours and is making the patient feel out of it and nauseous." There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of MS Contin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF MS CONTIN 30MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Morphine Sulfate, Opioids Page(s): 74-80;93..

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of Morphine sulphate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Kadian (Morphine Sulfate). Furthermore, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of rib fractures, back compression fracture, right shoulder fracture, and right rotator cuff tear. In addition, there is documentation of chronic pain in need of continuous treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentaiton of ongoing treatment with MS Contin since at least 2/19/13; and that MS Contin "is not lasting 12 hours and is making the patient feel out of it and nauseous", there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of MS Contin. The request for 1 prescription of MS Contin 30mg #90 is not medically necessary and appropriate.