

<b>Case Number:</b>	CM14-0130307		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 49 year old female who reported a date of injury on 03/13/2010. The mechanism of injury was not provided within the medical records. The injured worker had diagnoses of left knee pain and status post left knee arthroscopy. Prior treatments included oral and topical medications. Diagnostic studies were not indicated. Surgeries included left knee arthroscopy on 06/10/2013. The injured worker presented on 07/08/2014 with complaints of pain in the right side with sciatica. The injured worker had constant left knee pain rated 10/10 and had an increase in pain when bending, going up stairs, descending stairs, increased activity sitting a long time and walking. She stated Percocet irritated her stomach but MS Contin 30mg helped her persistent pain. The 07/08/2014 clinical note indicated swelling of the knees bilaterally, left knee preserved range of motion and tenderness to palpation. The reflexes of the left and right knees and ankles were 2+. The injured worker's medications included Norco, Percocet, MS Contin, Dulcolax, Senna and, Docusate sodium. The plan of treatment included MS Contin, topical cream and the discontinuation of Percocet. The rational was not indicated. The request for authorization form was received on 07/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The injured worker had complaints of pain to the right side with sciatica, constant left knee pain 10/10 and an increase in pain when bending, going up stairs, descending stairs, increased activity sitting a long time and walking. She stated Percocet irritated her stomach but MS Contin 30mg helped persistent pain. The California MTUS guidelines recommend ongoing review with 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. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. The injured worker is prescribed Norco, Percocet, and MS Contin. The injured worker's morphine equivalent dose is currently 175, which exceeds the recommendation of 120. The injured worker had complaints of constant pain in the left knee with a pain rating of 10/10 and had an increase in pain when bending, going up stairs, descending stairs, increased activity sitting a long time and walking. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request is not medically necessary.