

<b>Case Number:</b>	CM14-0147322		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 50 year old male with a date of injury of July 19, 1999 had ensuing lumbosacral back pain radiating to both feet. The pain is described as constant dull, sharp, aching, stabbing, pins & needles, pressure, electrical/shooting, stinging, cramps, spasms, weakness, and numbness. It is aggravated by cold, activity, sitting, standing and walking. It is alleviated by rest, lying down, quiet and walking. His medications include soma, trazodone, Norco and Morphine Sulfate Contin. He has some lumbar limitation in range of motion and positive bilateral straight leg raise. He has been taking opioid medications for chronic pain for at least 8 months, per the attached documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MS Contin 200mg, XR #180, for chronic lumbar pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Morphine Sulfate Contin is the brand name of extended-release morphine, long-acting opioids also known as "controlled-release", "extended-release", "sustained-release"

or "long-acting" opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Per the Medical Treatment Utilization Schedule guideline, on-going management, actions should include: 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. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. None of this information has been provided for this worker. In addition, there is no urine drug testing or pain contract. Therefore this requested service is not considered medically necessary.