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| <b>Case Number:</b>   | CM14-0144264 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 03/07/2002 |
| <b>Decision Date:</b> | 01/02/2015   | <b>UR Denial Date:</b>       | 09/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/05/2014 |

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 7, 2002. In a Utilization Review Report dated September 3, 2014, the claims administrator approved a request for Norco and denied a request for MS Contin. The claims administrator stated, somewhat incongruously, that Norco was benefiting the applicant while MS Contin was not benefitting the applicant. The claims administrator posited that previous usage of MS Contin in 2012 was apparently not effective and that current usage of Norco should likely suffice here. The claims administrator stated that its decision was based on an August 19, 2014 progress note. The applicant's attorney subsequently appealed. In a September 16, 2014 progress note, the applicant reported ongoing complaints of low back pain, 6-8/10. The applicant was reportedly using Norco and Morphine; it was stated in the current medications section of the report. The applicant's BMI was 36. The attending provider expressed concern that long-acting Morphine had been denied and stated that he would therefore introduce Duragesic. The applicant's work status was not furnished. The applicant reported 6/10 pain with medications versus 8/10 pain without medications. The attending provider stated that the applicant's activity tolerance was improved with medications but did not expound upon the same. The attending provider stated that the applicant would be unable to perform even routine activities of daily living without his medications. On August 19, 2014, the applicant stated that he was having difficulty performing even minimal tasks and basic activities of daily living, stating that his pain was progressively worsening. The attending provider suggested that the applicant begin MS Contin. A refill of Norco was introduced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin CR 30mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate Page(s): 93.

**Decision rationale:** Based on the documentation on file, the request for MS Contin was seemingly introduced on August 19, 2014, on the grounds that the attending provider felt that analgesia with Norco alone had proven inadequate. As noted on page 93 of the MTUS Chronic Pain Medical Treatment Guidelines, extended release Morphine should be reserved for applicants with chronic pain who are in need of continuous treatment. Here, the attending provider has posited that the applicant was, in fact, in need of continuous, round-the-clock opioid analgesia on the grounds that Norco monotherapy had proven ineffectual. A trial of long-acting Morphine was indicated on or around the date in question, August 19, 2014, given the failure of short-acting opioids alone. Therefore, the request is medically necessary.