

<b>Case Number:</b>	CM14-0156820		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 has a date of injury of 8/13/03. She has ongoing complaints of low back pain with radiation to both lower extremities and right knee pain. Since the initial injury, treatment has included lumbar fusion from L4-S1 and right sacroiliac joint fusion. The records note that she has required chronic opioid therapy. She has been on Percocet 10/325 twice daily and MS Contin 15 mg twice daily since at least 3/17/14. Her diagnoses include lumbar disc disorder with degenerative disc disease, lumbosacral neuritis, status post lumbar fusion and SI joint fusion, postlaminectomy syndrome, right L5-S1 radiculopathy, sacroiliitis, piriformis syndrome, reflex sympathetic dystrophy right knee pain. She is currently under the care of a pain specialist. The treating physician has requested refill for MS Contin 15 mg #60. The utilization review of 9/17/14 approved 60 tablets for the purpose of weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80, 88-89 and 93.

**Decision rationale:** MS Contin is a long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids. They 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. Controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of opioids requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Pain contracts or opioid agreements should be in place and weaning may be appropriate over time. Urine drug screening should be considered to ensure proper use of the medications. For long-term use of opioids the MTUS recommends not attempting to lower the dose if it is working. In this case the medical records show that the injured worker has been on a regimen of MS Contin and Percocet since 3/17/14. It is assumed that the requirement for opioid pain medication is well-established in this case. Her dosages have remained stable. The medical records do note that the medications allow functional improvement and optimize her ability to perform activities of daily living. A pain contract is in place. The primary treating physician has documented no aberrant pain behavior evidence of addiction or side effects. Urine drug screening is apparently being performed and is consistent with her current regimen. She is treated by a board certified pain specialist. The treatment note of 8/4/14 does indicate that weaning off of opioid medications was discussed with the patient and would be considered at an appropriate time. After review of the medical records I am reversing the prior UR decision. The request for MS Contin 15 mg #60 is medically necessary.