

<b>Case Number:</b>	CM15-0114469		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/25/2001
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 43 year old female who sustained an industrial injury on 09/25/2009. Diagnoses include lumbar spine musculoligamentous sprain/strain with disc protrusion, bilateral lower extremity radiculitis and left sacroiliac joint dysfunction, cervical musculoligamentous sprain and strain, history of a left distal fibular fracture, right ankle sprain, bilateral upper extremity tenosynovitis, bilateral media epicondylitis and dynamic right cubital tunnel syndrome, status post right ulnar nerve transposition in April of 2005, status post right carpal tunnel release in September of 2003 and status post left carpal tunnel release in October of 2003, temporomandibular joint complaints-deferred, and psychiatric complaints. Treatment to date has included diagnostic studies, medications, acupuncture, trigger point injections, psychological treatment, and home exercise program. A physician progress note dated 05/08/2015 documents the injured worker is having withdrawal symptoms due to stopping Ativan. She is taking MS Contin 120mg twice a day. She is frustrated and wishes to start tapering MS Contin as soon as possible. Examination of the lumbar spine reveals tenderness to palpation over the paravertebral musculature, lumbosacral junction and bilateral sciatic notches and left sacroiliac joint. Sacroiliac stress test is positive on the left. Range of motion of the lumbar spine is restricted. She rates her pain with medications as 7 out of 10, and without medications her pain is rated 10 out of 10. With her medications she is able to participate in her home exercise program and has improve sleep pattern and able to perform activities of daily living. She has been on MS Contin since at least 2009. The injured worker is attempting to taper MS Contin from 120mg to 90mg within two weeks on an out-patient basis. The treatment plan includes Clonidine to aid in

withdrawal symptoms during tapering of medications, and she is to continue with her home exercise program. Treatment requested is for Colace 100mg #100, and MS Contin 30mg #45.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS Contin 30mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs (Passik, 2000). (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002), (Colorado, 2002), (Ontario, 2000), (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004), (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there is documented

evidence of benefit with measurable outcome measures and improvement in function. There is objective improvement in pain measures such as significant VAS score improvement. There are no objective measures of improvement in function besides simply stating the patient cannot function without medications. Therefore all the criteria for ongoing use of opioids have not been met and the request is not medically necessary.

**Colace 100mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use. Decision based on Non-MTUS Citation McKay SL, et al. Management of constipation. University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore the request is medically necessary.