

<b>Case Number:</b>	CM15-0146696		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/14/1999
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: New Jersey  
 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 52 year old female, who sustained an industrial injury on 9-14-1999. Diagnoses include postlaminectomy syndrome, lumbalgia, depressive disorder and thoracic-lumbar radiculitis. On 3-16-15, she complained of ongoing pain rated 9 out of 10 VAS without medication and 6 out of 10 VAS with. Current medications included Valium twice daily, Cymbalta twice daily, Lidoderm pain, MS Contin three times daily, and Morphine Sulfate every four hours. Medication was noted to decrease pain and increase functional ability. The physical examination documented right knee extension weakness and right lumbar radicular signs. The plan of care included prescriptions to refill medications. The appeal requested authorization for MS Contin 100mg #90 and MSIR 30mg #180. The Utilization Review dated 7-1-15, denied the request; however, allowed a one month supply for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, most of this full review regarding MS Contin use was completed. However, reports of "functional improvement" in the notes did not specify which functions she was able to perform with vs. without this medication. Also, the total morphine equivalents added up to 480 mg per day, which is far beyond recommended doses. Weaning is recommended to find at least a lower effective dose. Also, without more clear documentation of functional gains, quantified, this request for MS Contin is not medically necessary.

**MSIR 30mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function

and pain. In the case of this worker, most of this full review regarding MS IR use was completed. However, reports of "functional improvement" in the notes did not specify which functions she was able to perform with vs. without this medication. Also, the total morphine equivalents added up to 480 mg per day, which is far beyond recommended doses. Weaning is recommended to find at least a lower effective dose. Also, without more clear documentation of functional gains, quantified, this request for MS IR is not medically necessary.