

<b>Case Number:</b>	CM15-0172057		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45-year-old male with a date of industrial injury 3-1-2005. The medical records indicated the injured worker (IW) was treated for status post 360 arthrodesis of the lumbar spine with fusion (2012); osteochondral defect, talus, partial tear, Achilles tendon, left ankle; cervical spine strain-sprain, cervical disc herniation with radiculopathy; lateral epicondylitis, left elbow; status post carpal tunnel release; right shoulder tendinitis, impingement syndrome, rotator cuff tear, internal derangement; status post right and left knee arthroscopic surgery; and left shoulder strain-sprain, tendinitis, impingement, secondary to cane use. In the progress notes (8-5-15), the IW reported pain in the neck, low back, bilateral shoulders, left elbow and right wrist; he also reported left shoulder and ankle pain on 7-6-15. He also complained of headaches, numbness, tingling, anxiety, depression and difficulty sleeping. Medications included Gabapentin, Zanaflex, Norco, MS Contin (since at least 2-2015) and Ativan. The notes stated the IW had difficulty performing activities of daily living due to the industrial injury. On examination (8-5-15 notes), the cervical spine had positive foraminal compression test and positive Spurling's test. There was cervical paraspinal tenderness and spasms. Straight leg raise test was positive at 75 degrees bilaterally, eliciting pain in the L5-S1 dermatome distribution. Impingement signs were positive in the bilateral shoulders, tenderness was present over the left greater tuberosity of the humerus and muscle strength was 3 out of 5. There was also tenderness over the left Achilles tendon attachment to the calcaneus and over the left lateral epicondyle of the elbow. The IW was temporarily totally disabled. Treatments included rest, activity modification, heat, bracing, medications, interferential unit; right carpal tunnel release (2-28-15), cervical and lumbar

epidural injections, lumbar spine surgery, facet blocks, physical therapy and left knee arthroscopy (8-2014). Urine toxicology screen on 7-9-15 was negative for all substances tested. The left greater trochanter was tender, as well. There was some weakness in the lower left leg and diminished sensation in the left L5 and S1 dermatomes. A urine toxicology report dated 2-28-15 was consistent with medications. A Request for Authorization was received for MS Contin 30mg, #90. The Utilization Review on 8-11-15 modified the request for MS Contin 30mg, #90.

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

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

**MS Contin 30mg #90:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any 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." Review of the available medical records reveals neither documentation to support the medical necessity of MS Contin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS dated 7/9/15 was negative for all substances tested. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity is not necessary.