

<b>Case Number:</b>	CM15-0065127		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 26 year old male who sustained a work related injury November 8, 2013. On March 18, 2015, he underwent a diagnostic left knee arthroscopy with repair of medial meniscus tear. According to a follow-up pain management consultation, dated February 11, 2015, the injured worker complains of increased pain in the lower back, rated 9/10, mostly axial in nature and aggravated when he attempts to straighten or extend his lower back. He continues to complain of pain in his left knee and in October 2014, was diagnosed with left knee patellar tendonitis, possible meniscal tear. He remains on Norco, which he takes 2-3 times per day, along with Anaprox. He was started on FexMid but only provided minimal relief and he is now requesting Soma. Diagnoses included lumbar myoligamentous injury with left lower extremity radicular symptoms; left knee internal derangement; and medication induced gastritis. Treatment plan included proceeding with intrathecal facet joint injections at bilateral L4-5 and L5-S1, administered four trigger point injections in the posterior lumbar musculature with relief greater than 50% and increased range of motion, and prescriptions for Norco, Anaprox, Prilosec, and Soma. At issue, is a requested treatment for MS (morphine sulfate) Contin 30mg QTY: 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS (morphine sulfate) Contin 30 mg Qty 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for MS Contin (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. If this medication is being prescribed for initiation, there is no documentation of a signed opiate agreement, objective functional treatment goals, or informed consent. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.