

<b>Case Number:</b>	CM15-0079894		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/26/2001
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Pennsylvania  
 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 58 year old male, who sustained an industrial injury on 6/26/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having shoulder joint pain, wrist joint pain, cervical spine strain and cervicgia. There is no record of a recent diagnostic study. Treatment to date has included right wrist brace, lumbar epidural steroid injection, acupuncture, radiofrequency ablation and medication management. In a progress note dated 3/6/2015, the injured worker complains of severe back and neck pain with stiffness. The treating physician is requesting MS Contin ER and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin ER 60mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin (Morphine sulfate), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function. It was documented that he had reduction in pain in response to the opioid but there was no comparison of pain on a quantitative scale with and without or before and after the opioid to confirm this. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for MS Contin. The request is not medically necessary.

**1 Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Opioids Page(s): 43 and 74-96.

**Decision rationale:** Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Drug screening should be considered in patients on opioids when there are issues of abuse, addiction or poor pain control. In this case, there are no issues of abuse, addiction or poor pain control and the continued use of opioids is not medically necessary therefore, urine drug testing is not medically necessary.