

<b>Case Number:</b>	CM15-0097014		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 female, who sustained an industrial injury on 04/22/2002. She has reported subsequent back, hip and lower extremity pain and was diagnosed with right sided sacroilitis, chronic low back strain, status post anterior lumbar interbody fusion of L5-S1, facet disease with mild to moderate foraminal stenosis and chronic regional pain syndrome. Treatment to date has included oral pain medication, a home exercise program and surgery. In a progress note dated 03/18/2015, the injured worker complained of ongoing mid to low back, bilateral hip and left leg pain. Objective findings were notable for dystrophic changes of the left foot, hypersensitivity to light touch, antalgic gait and diffuse pain in the lumbar paraspinal musculature, exacerbated with range of motion. A request for authorization of an MS contin refill was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of MS Contin 15mg, #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription MS Contin 15 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right side sacroiliitis; chronic low back strain; status post anterior lumbar interbody fusion L5 - S1 with instrumentation and iliac bone graft; facet disease with mild to moderate foraminal stenosis; chronic regional pain syndrome left lower extremity; disc desiccation thoracic spine; status post permanent implantation spinal cord stimulator; facet arthropathy L3 - L4 and L4 - L5; status post revision spinal cord stimulator. The earliest progress note in the medical records indicates MS Contin 15 mg and Oxycodone 15 mg were prescribed as far back as October 1, 2014. This is the earliest progress note and not necessarily start date. In November 2014 the injured worker had a VAS pain score with medication 4-8/10 and without medication 10/10. In December 2014 the injured worker had a pain score 6-9/10 with medication and 10+/10 without medication. On April 15th 2015, the pain score was 6-8/10 with medication and 10+/10 without medication. There is no documentation indicating objective functional improvement. MS Contin, according to the utilization review certification number #112-5434, was modified from 180 to 135. The MED was elevated above the normal range. There was no subjective improvement documented in the medical record (according to VAS pain scores). There was no objective functional improvement. There was no risk assessment or detailed pain assessments documented in the medical record. Despite previous modifications of MS Contin (quantity), the treating provider continues to provide excessive amounts of MS Contin (with oxycodone). Consequently, absent compelling clinical documentation with evidence of objective functional improvement, and elevated morphine equivalent dose (MED), no risk assessments or detailed pain assessments, one prescription MS Contin 15 mg #180 is not medically necessary.