

<b>Case Number:</b>	CM13-0020158		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 5'6", 200 lbs, 38 year-old male who sustained an industrial injury on January 24, 2003 involving the lower back. He underwent L4/5 fusion on 10/31/06, removal of hardware on 9/19/07. He attempted a disc replacement of L3/4 and L4/5, but it was not completed due to a common iliac vein that was torn and a graft was placed. He complained of erectile dysfunction after the surgery and developed depression. The patient was referred to [REDACTED] by the spinal surgeon, [REDACTED]. The 7/23/13 report from [REDACTED] reports 9/10 pain without medications going down to 6/10 pain with medications. He is reported to have improved function with the medications and better mood. [REDACTED] has him on Oxycodone 15mg, q4-6h prn, trazadone 50mg 1-2 qhs, lidoderm patch q12h, topamax 25mg bid, MS Contin 60mg q12h, and wellbutrin XR 150mg bid. The 8/20/13 report shows the addition of Cymbalta 30mg qd and Fentanyl 50mcg/h patches q72h, which reportedly caused his pain to drop to the 5/10 pain level range.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Users of Opioids Section Page(s): 88-89.

**Decision rationale:** [REDACTED] is a pain management physician and California MTUS states the MED should not exceed 120mg/day until after a pain management consultation. The patient appears to have met that criterion. [REDACTED] has reported pain levels at the 9/10 range without medications, which were brought down to 6/10 with the medications. According to MTUS guidelines, this is a satisfactory response. The continued use of MS Contin appears to be in accordance with MTUS guidelines. Disclaimer: MAXIMUS