

<b>Case Number:</b>	CM13-0045176		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/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:

The patient is a 43-year-old who reported an injury on November 1, 2006. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with cervical postlaminectomy syndrome, bilateral upper extremity radiculopathy, status post lumbar laminectomy and discectomy in 2008, bilateral upper extremity radiculopathy, positive discogram on February 13, 2012, urologic incontinence and erectile dysfunction, reactionary depression/anxiety, and medication induced gastritis. The patient was recently seen by [REDACTED] on October 16, 2013. The patient reported severe and debilitating pain in the lower back with radiation to bilateral lower extremities. The patient had a positive provocative discogram at L3 through S1 on February 13, 2013. The patient has been authorized to undergo a three level interbody fusion. Physical examination on that date revealed decreased cervical range of motion, 1+ deep tendon reflexes in bilateral upper extremities, 5/5 motor strength, limited range of motion in the lumbar spine, absent reflexes in the left Achilles tendon, and decreased motor strength in the left lower extremity. Treatment recommendations at that time included continuation of current medications, including MS Contin 30 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 30 MG HS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient was issued a prescription for MS Contin 30 mg at bedtime on September 24, 2013 by [REDACTED]. Despite ongoing use of this medication, the patient presented on October 16, 2013 with ongoing complaints of severe and debilitating lower back pain with radiation to bilateral lower extremities. While it is noted that the patient felt symptom relief with the current medication regimen of MS Contin and Norco for breakthrough pain, there was no documentation of objective functional improvement. Additionally, the prescription for MS Contin 30 mg at bedtime was issued for complaints of insomnia. Furthermore, there was no specific quantity listed in the current request. Therefore, the request MS Contin 30 mg HS is not medically necessary or appropriate.