

<b>Case Number:</b>	CM13-0045642		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/11/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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, 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 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 46-year-old male with date of injury of 03/11/2008. The listed diagnoses per [REDACTED] dated 08/16/2013 are: 1. Lumbar disk displacement without myopathy. 2. Muscle spasms. 3. Osteoarthritis, not otherwise specified. 4. Long-term use of other medications. 5. Cervical spondylosis without myelopathy. 6. Post-laminectomy syndrome of cervical region. 7. Cervicalgia. According to the report, the patient reports diffuse neck pain, left upper and lower extremity pain and low back pain. His pain is described as an aching, stabbing sensation primarily in the area of discomfort. Pain is partially relieved with the use of analgesic medications and various types of injection and therapy. He reports that medication use does produce an appreciable degree of pain relief. His medication allows him to achieve a greater degree of daily function. He does not report any significant intoxication or sedation. The physical examination shows the patient exhibits overall normal stability in his joints. Muscle strength is reduced in the great toe extensor muscle. Straight leg raise of the affected side reproduces radicular symptoms. Lateral rotation/extension of the spine produces concordant pain in the affected area. The utilization review denied the request on 10/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF MS CONTIN 15MG TAV X 60 X 3:** 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 On-Going Management. Page(s): 78.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is requesting MS Contin. The utilization review partially authorized the request on 10/14/2013. For chronic opiate use, the MTUS Guidelines require specific documentation regarding pain and function. Page 78 of MTUS requires "pain assessment" that requires "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 the pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required that includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The review of records from 01/03/2013 to 11/14/2013 show that the patient has been taking MS Contin since 05/24/2013. The treating physician documents on 07/24/2013, "Every now and then he'll take an MS Contin pill." The progress report dated 08/06/2013 shows, "The patient confirms that the controlled substances they are prescribed are providing them with a meaningful degree of pain relief. The patient is able to provide a specific example of functional improvement due to their use of pain relieving medications. They affirm that they are taking their medication as prescribed and that the medications enhance their ability to perform activities of daily living. They are not having any intolerable adverse effects from the usage of their medications." Urine toxicology in file is consistent with prescribed medications. While the treater provides general statements regarding medication efficacy, MTUS require use of numerical scale to depict the patient's pain/function, and significant change in ADL's/return to work for functional documentation. Furthermore, "pain assessment" measures need to be documented. Given the lack of these documentations, recommendation is for denial and slow tapering of the opiate. The request for prescription of MS Contin 15mg Tab x 60 x 3 is not medically necessary.