

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0007781 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 09/28/2001 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 12/18/2013 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 Occupational Medicine 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 42-year-old female who has submitted a claim for Acromioclavicular Joint Pain, Knee Pain, Acromioclavicular Arthritis - Idiopathic, Lateral Collateral Ligament of Knee Sprain/Strain, Hip Pain, Knee Osteoarthritis, Lumbosacral Radiculopathy, Lumbar Facetal Syndrome, Lumbar Discogenic Pain, Chronic Pain, Cervical Radicular Pain, Shoulder Capsulitis, and Trochanteric Bursitis, associated with an industrial injury date of September 28, 2001. The medical records from 2013 were reviewed, which showed that the patient complained of persistent low back pain radiating to the left lower extremity associated with tightness. On physical examination, there were spasms noted in the lumbar paraspinals and stiffness was found in the lumbar spine. Gait was antalgic on the left. Tenderness was also noted in the left knee joint line. The treatment to date has included physical therapy, left knee injection, three lumbar epidural steroid injections, and medications including MS Contin 30 mg tablet 1 tab daily (since December 2012). A utilization review from December 18, 2013 modified the request for MS Contin tablet Extended Release 15mg/12hr, 1 tab orally every 24 hrs, #30 to MS Contin ER (extended release) 15 mg #15 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN TABLET EXTENDED RELEASE (ER) 15 MG/12HR, ONE TAB(S)
ORALLY EVERY 24 HOURS, QUANTITY 30: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, MS Contin was being prescribed since December 2012 (18 months to date). However, the records did not clearly reflect continued analgesia, functional benefit, or a lack of adverse side effects or aberrant behavior. There was also no discussion regarding non-opiate means of pain control or endpoints of treatment. There is no clear indication for continued opioid use. Therefore, the request for MS Contin Tablet extended release (ER) 15 mg/12hr, one tab(s) orally every 24 hours, quantity 30, is not medically necessary.