

<b>Case Number:</b>	CM14-0009070		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 59 year old male with a reported date of injury on 05/05/2008. The mechanism of injury was not submitted with the medical records. The progress note dated 12/12/2013 reported the injured worker complained of back, low back, and lumbar pain rated 7-8/10. The injured worker described the pain as aching, burning, throbbing, and spasming. The injured worker also complained of back stiffness, numbness in the right and left leg, radicular pain in the right and left leg and upper back. The injured worker also complained of shoulder pain rated 8-9/10 described as aching, burning, intermittent, tender, throbbing, worse at night and weakness. The injured worker complained of knee pain rated 6-7/10 described as aching. The injured worker also complained of hip pain rated a 6/10 described as soreness, stiffness, tenderness, and throbbing. The injured worker is status post fusion L3-L4, L4-L5, and L5-S1 on 08/23/2012. The request for authorization form dated 11/21/2013 was for MS Contin 15mg; 1 by mouth every 8 hours #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN MG FOR EVERY 8 HRS #90 TIMES 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** The request for MS Contin mg for every 8 hours #90 times 2 is not medically necessary. The injured worker noted improvement with the medications. The California Chronic Pain Medical Treatment guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants.) There are no trials of long-term use for neuropathic pain. The guidelines state the use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks). The guidelines also recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the periods since the last assessment, average pain, intensity of pain after taking the opioid, how long it take for pain relief, and how long pain relief lasts. The guidelines state satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation regarding the length of pain relief and how long the pain relief lasts. The request does not specify dose and there is a lack of documentation regarding length of time using MS Contin as well as first-line treatments attempted. Therefore, the request is not medically necessary.