

<b>Case Number:</b>	CM14-0103675		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/20/2000
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 45 year old female presenting with chronic pain following a work related injury on 06/20/2000. The claimant is status post left hemi laminectomy at L4-5, L5-S1 in 05/14/2001 and subsequently an L4-5/L5-S1 decompression laminectomy/discectomy in 06/08/10. EMG with peripheral neuropathy left superficial peroneal sensory nerve. CT scan on 08/24/2011 showed possible pseudoarthrosis l2-5. MRI of the cervical spine on 10/13/2008 showed 3 mm disc at C6/7 and 2 mm disc bulge at C5/6. The claimant had epidural steroid injection x 2, trigger point injection and Botox with some improvement. A claim was made for MS Contin 30mg # 120 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg, # 120 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** MS Contin 30 mg #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall

improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Additionally, such high doses of a controlled release opioid are not indicated for nonmalignant pain; therefore the requested medication is not medically necessary.