

<b>Case Number:</b>	CM14-0107229		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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 injured worker is a 38 year-old male who reported an injury on 12/11/2014. The mechanism of injury was not provided for clinical review. The diagnoses included cervical degenerative disc disease, cervical radiculopathy, history of complex regional pain syndrome, history of right shoulder subacromial decompression, and chronic pain syndrome. The previous treatments included medication, echocardiogram, and functional restoration program. Within the clinical note dated 05/14/2014, it was reported the injured worker complained of neck pain, right shoulder pain, and right hip pain. He reported the pain radiated into both upper extremities. He complained of pain in both legs with numbness at the bottom of both feet. He rated his pain 6/10 in severity. On physical examination, the provider noted the injured worker had moderate to severe tenderness over the cervical paraspinals. The injured worker had limited range of motion in the cervical spine. The injured workers deep tendon reflexes in the upper extremity were hyperreflexic. The provider requested MS-Contin for long acting pain relief. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS-Contin 30mg quantity #90:** Upheld

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

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

**Decision rationale:** The MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.