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| <b>Case Number:</b>   | CM14-0117756 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 09/14/1993 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/25/2014 |

### 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 Florida. 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 55-year-old male who reported an injury on 09/14/1993. The mechanism of injury was not provided. On 03/04/2014, the injured worker presented with pain in the neck, cervical spine and bilateral shoulders. Upon examination, there was tenderness to palpation on the iliopsoas muscle, 5/5 motor strength over the bilateral lower extremities, a negative straight leg raise and intact sensation. Current medications included Benadryl, Magnesium Citrate, Cortef, Lunesta, Norco, Provigil, Lyrica, Doxepin, MS Contin, and Liothyronine. The diagnoses were degenerative lumbosacral intervertebral discs, brachial neuritis or radiculitis not otherwise specified, depressive disorder, displacement of the lumbar intervertebral discs with myelopathy, opioid type dependence, continuous, lumbosacral spondylosis without myelopathy, thoracic lumbosacral neuritis/with radiculitis unspecified, and primary localized osteoarthritis. The provider recommended MS Contin and Norco, the provider's rationale was not provided. The request for an authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** Norco 10/325mg #180 is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief and functional status appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of this medication has not been provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

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