

<b>Case Number:</b>	CM14-0120940		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/24/2005
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Medicine 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 56-year-old male who reported an injury on 10/24/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 07/03/2014 indicated diagnoses of status post microdiscectomy at L3-4, redo discectomy at L5-S1 dated 01/06/2009, and laminectomy at L3-4 and L5-S1, central disc at L5-S1, central disc herniation at L3-4, and right paracentral disc at L4-5. The injured worker reported persistent pain in his low back. The injured worker reported he experienced pain down the right-sided low back that extended into the buttock and the posterior thigh. The injured worker reported medications helped. Without medications, he reported he would not be able to do anything. The injured worker reported his pain goes from 10/10 to a 7/10 with the use of medication. The injured worker reported this is a tolerable moderate pain. The injured worker reported with the medications, he was able to walk down to the mailbox, and he was able to yard work and care for the household work such as cooking and cleaning. Without medications, he would be bedridden. The injured worker reported no side effects or aberrant drug-seeking behaviors. The injured worker's last urine drug screen was dated 11/19/2013 which was consistent. He was scheduled for a urine drug screen 07/03/2014. On physical examination, the injured worker had diminished range of motion of the lumbar spine with a straight leg raise that was negative bilaterally. The injured worker ambulated with a normal gait and stance. The injured worker's treatment plan included followup in another 2 months. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included MS Contin, Norco, trazodone, Colace and Ambien. The provider submitted a request for MS Contin and MS Contin. A Request for Authorization dated 07/22/2014 was submitted for MS Contin; however, a rationale was not provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) prescription of MS Contin 15 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain Chronic.

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

**Decision rationale:** The request for 1 prescription of MS Contin 15 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reports relief and functional improvement with the use of MS Contin, the injured worker remains off work. In addition, the request does not indicate a frequency for the MS Contin. Therefore, the request for MS Contin is not medically necessary.

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