

<b>Case Number:</b>	CM14-0121175		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/22/2014
<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 Emergency Medicine 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 54 year-old male, who sustained an injury on May 4, 2004. The mechanism of injury occurred from a motor vehicle accident. Pertinent diagnostics were not noted. Treatments have included: cervical laminectomy/fusion May 16, 2014, medications, physical therapy. The current diagnoses are: cervical disc disease, cervical post-laminectomy syndrome. The stated purpose of the request for Ms Contin CR 30 MG #90 was to provide pain relief. The request for Ms Contin CR 30 MG #90 was denied on July 22, 2014, citing a lack of documentation of derived functional improvement, nor plan for weaning. Per the report dated July 2, 2014, the treating physician noted complaints of neck pain. Exam findings included the use of a hard cervical collar, cervical paraspinal muscle tenderness with negative Spurling's sign and normal muscle strength and sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ms Contin CR 30 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain Page(s): 78-80, 80-82.

**Decision rationale:** The requested Ms Contin CR 30 MG #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain. The treating physician has documented cervical paraspinal muscle tenderness with negative Spurling's sign and normal muscle strength and sensation. This medication has been prescribed since at least February 2014. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Ms Contin CR 30 MG #90 is not medically necessary.