

<b>Case Number:</b>	CM14-0127290		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Family Practice 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 claimant is a 49-year-old male who sustained a work injury on July 27, 2011 involving his low back and groin. An MRI of the lumbar spine in 2011 was unremarkable. He was diagnosed with bilateral inguinal hernia and underwent repair in 2013. He had an additional diagnosis of chronic prostatitis and posttraumatic stress disorder. His chronic pain had been managed with opioids including Norco and Morphine for several years. A progress note on July 14, 2014 indicated the claimant 7/10 to 10/10 pain. Unable to do anything without using MSContin. At the time he was on 180 mg of MS Contin daily. The treating physician had continued his MS Contin dose along with Norco additional 180 tablets of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 30MG #180:** 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): 82-92.

**Decision rationale:** According to the MTUS guidelines, the maximum daily-recommended dosage of morphine equivalent opioids should not exceed 120 mg. In this case, the combined use

of MS Contin and Norco exceeds the daily amount recommended. In addition, there are no studies on long-term use of opioids and their efficacy. The continued use of MS Contin in the amount above is not medically necessary.