

<b>Case Number:</b>	CM14-0173835		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/26/1998
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational 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:

Patient is a 58 year-old female with date of injury 06/26/1998. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/18/2014, lists subjective complaints as pain in the low back. Objective findings: No physical examination was documented by the provider. Diagnoses are: 1.Status post bilateral laminectomy/failed back syndrome 2.Bilateral neuroforaminal encroachment with neurogenic pain 3.Bilateral Sacroiliitis 4.Intractable lower back pain 5.Bilateral lumbar radiculopathy. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one year. Medications are: 1.MS Contin 60mg, #90 SIG: 1 po q 8H 2.Percocet 10/325mg, #150 SIG: 1 po q 4H prn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60 mg (plus 1 postdated script) #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 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last year. MS Contin 60 MG (Plus 1 Postdated Script) #90 is not medically necessary.

**Percocet 10-325 mg (plus 1 postdated script) #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient has been taking the Percocet and MS Contin without documentation for each medication. Percocet 10-325 MG (Plus 1 Postdated Script) #150 is not medically necessary.