

<b>Case Number:</b>	CM14-0179970		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with a date of injury of 08/29/2008. The listed diagnoses are: 1. Left knee pain/joint pain, leg. 2. Pain, wrist/forearm. 3. Lumbago, low back pain. 4. Encounter long Rx use, NEC. According to progress report 09/04/2014, the patient presents with continued low back pain with weakness and numbness in the lower extremity. The treating physician states the patient is "not doing as well as he can with current medication now on this dose for several years and having a lot of breakthrough problems." The patient's current medication regimen includes fluoxetine 40 mg, MSIR 15 mg, omeprazole 20 mg, Lyrica 75 mg, Lyrica 25 mg, Intermezzo 3.5 mg, MS Contin 60 mg, methadone 10 mg, naproxen sodium 550 mg, Ambien 10 mg, and MSER 60 mg. Physical examination revealed the patient is unable to drive and needs assistance with self-care. The patient has joint complaint and muscle weakness. There was mild tenderness noted in the lower lumbar area, and range of motion was mildly limited. Under treatment plan, the treating physician recommends the patient continue with current medications, and he would like to "add MSIR 15 mg up to 3 a day to see if his pain is controlled a bit more." Utilization review denied the request on 10/03/2014. Treatment reports from 02/06/2014 through 09/04/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSIR 15mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of medications Page(s): 78-80,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 76-78.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician would like to add MSIR 15 mg #90 to patient's medication regimen. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Listed indications for chronic use of opiates include neuropathic pain, short-term use for low back pain, moderately severe pain due to osteoarthritis, nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). In this case, the patient does not present with legitimate diagnosis warranting continued use of opiates. The treating physician has not considered opioid induced hyperalgesia. Available reports do not show that the patient is doing well at all despite poly-pharmacy. Realistic goals from increased opiates are not discussed other than a general hope that things will improve. There does not appear to be adequate reason for increasing opiates or continuing them. Therefore the request is not medically necessary.