

<b>Case Number:</b>	CM14-0030756		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Texas. 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 44 year old male who suffered a work related injury on 06/26/08. The mechanism of injury is not documented. The injured worker has been treated for lumbar spine and left lower extremity pain, left ankle reconstruction x 3, status post posterior lumbar interbody fusion at L3-4, L4-5 in May 2013. The injured worker has had physical therapy as well as pain management for multifocal chronic pain complaints included failed laminectomy syndrome stemming from a previous lumbar interbody fusion from L4 to L5 in May 2013. Computerized tomography scan of the lumbar spine dated 04/30/14 noted postoperative changes with evidence of interbody fusion, posterior fixation and laminectomy from L4-S1, neural foraminal stenosis at L4-5 on the left and L5-S1 on the right due to endplate spurs and possible residual disc protrusion, and incomplete bone strut at L5-S1 with central lucency possibly representing immature fusion versus pseudoarthrosis. Medications are listed as Norco 10/325 6-8 tablets a day, MS Contin 15 mg twice a day, Anaprox 550 mg one tablet twice a day, Topamax, Prilosec, Fexmid 7.5 mg four times a day (for short term use), Colace 100 mg twice a day, Xanax 2.5 mg for anxiety every day as needed. Most recent progress note dated 04/15/14 examination of lumbar spine noted numerous trigger points were palpable throughout the lumbar paraspinal muscles, decreased range of motion with obvious muscle guarding. Flexion is 45 degrees. Extension is 15 degrees. Bilateral lateral bending is 20 degrees. Patellar reflexes are 2+. Achilles are 1+ bilaterally. Strength is rated as 5/5 to manual motor testing in the lower extremities. Sensory exam noted decreased pinwheel along the posterolateral thigh and posterolateral calf in the L5-S1 distribution bilaterally. Straight leg raising in the modified sitting position is positive bilaterally which caused radicular symptoms to both lower extremities. Diagnosis left ankle instability, left ankle reconstruction x 3. Status post PLIF L3-4 and L4-5 on

05/14/13, postlaminectomy syndrome. There is no documentation of toxicology reports available for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS Contin 15mg # 60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: criteria for the use of opioids; Therapeutic Trail; of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The clinical documents submitted do not support the request for MS contin. There is no documentation of toxicology reports available for review. There is no clinical documentation submitted that shows increase in function, or decrease in pain. Therefore MS Contin 15mg is not medically necessary.