

<b>Case Number:</b>	CM14-0050952		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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:

The patient is a 57 year old male, DOI 10/16/2000. He has developed chronic left leg pain subsequent to several surgeries. He also has a history of chronic right shoulder pain. The medical records state that he has been evaluated in a chronic pain clinic and implies the medications are a result of these recommendations. The medical records sent for review do not include the prior pain clinic evaluations or recommendations. He is treated with multiple medications which includes the Opioids in question in addition to Lyrica and Cymbalta. The current Primary treating physician records available for review reveals a high stable dose of Opioids for many years. No significant abarrent behaviors are documented and there is fairly detailed reporting of functional benefits i.e. improved standing and walking times. Episodic drug testing has been performed and there are no documented concerns regarding diversion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of MS Contin CR 30mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES; OPIOIDS; WHEN TO CONTINUE OPIOIDS  
Page(s): 48, 86, 79-80.

**Decision rationale:** The records do not include the evaluations and recommendations that have lead to high chronic opioid use, but use appears to be stable for several years and the opioids are fairly well documented to improve function and to be without significant aberrant behaviors. Some of the prior U.R. reviews noted the reported improved function, but appear to have glossed over this without explanation, concluding that there was no improved function. This review finds adequate documentation of functional improvement and lack of aberrant drug behaviors. High levels (greater than 120mg. morphine eq) are recommended only after pain management/clinic consultation. It appears likely that the current analgesic regimen was initiated at that time. The current opioid regimen meets Guideline standards.