

<b>Case Number:</b>	CM14-0066556		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/15/2004
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 61 year old female who was injured on 11/15/2004. The mechanism of injury is unknown. Pain management dated 03/18/2014 documented the patient to have complaints of neck pain, low back pain, and pain radiating down the bilateral lower extremities. She reported her pain is aggravated by activity and walking. She rated her pain with medications as a 7/10 and without it an 8/10. Her activities of daily living are limited with activity, ambulation, hand function and sleep. On exam, the patient's lumbar spine revealed spasm in the bilateral paraspinous musculature. There is tenderness to palpation bilaterally in the paravertebral area L4-S1 levels. The range of motion of the lumbar spine is moderately limited secondary to pain. Her pain is increased with flexion and extension. Straight leg raise with the patient in the seated position was positive bilaterally at 60 degrees. She also has tenderness of the right knee. The patient is diagnosed with cervical radiculitis; lumbar radiculitis; bilateral knee pain; anxiety; depression; status post total knee arthroplasty and status post right shoulder surgery. The plan is continue with medications including MS-Contin 15 mg 1 tab by mouth every 8 hours. Prior utilization review dated 04/10/2014 states the request for 1 Prescription for MS Contin 15mg, #90 is denied as this medication is not recommended for long term use. There is no documented evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for MS Contin 15mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin; Opioid use for Chronic back pain; Opioids, criteria for use; Opioids for chronic pain; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use for chronic non-malignant pain is not clearly established but may be warranted if there is objective evidence of functional improvement. In this case, a request is made for MS Contin for a 61-year-old female injured on 11/15/04 with chronic neck, back, knee and shoulder pain. However, history and examination findings do not demonstrate clinically significant functional improvement or reduction in dependency on medical care from use of MS Contin. Therefore, this request is not medically necessary.