

<b>Case Number:</b>	CM14-0075544		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/10/1999
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 11/10/1999 secondary to an unspecified mechanism of injury. The most recent evaluation from the requesting provider was on 05/23/2014. The injured worker reported low back pain. The exam noted bilaterally knee crepitus and a bilateral antalgic gait. The treatment plan included MS Contin, Norco, and Celebrex. The diagnoses included bilateral knee osteoarthritis, bilateral carpal tunnel syndrome, and neck and back pain. The request for authorization dated 07/15/2014 indicating the rationale for the request was intractable pain was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS contin 30 mg #84 TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, opioids, dosing and criteria for use sections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-95 Page(s): 74-95.

**Decision rationale:** The request for MS Contin 30 mg #84 3 times a day is non-certified. The California MTUS Guidelines may recommend the use of opioids for the ongoing management of

pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of clinical evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behavior and side effects. Therefore, due to the significant lack of clinical evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior, and side effects, the request for MS Contin 30 mg #84 is non-certified.