

<b>Case Number:</b>	CM14-0175907		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/10/2002
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 59 year old male, who sustained an industrial injury on 4/10/2002. Diagnoses include spinal/lumbar degenerative disc disease, low back pain and post lumbar laminectomy syndrome. Treatment to date has included surgical intervention (undated), medications, injections, diagnostic imaging including magnetic resonance imaging (MRI), discogram and computed tomography (CT) scan, and EMG (electromyography)/NCS (nerve conduction studies). Per the Primary Treating Physician's Progress Report dated 10/03/2014, the injured worker reported back pain radiating down both legs. Pain with medications is rated as 7/10 and without medications is 9/10. Physical examination revealed an antalgic gait assisted by a cane. Range of motion to the lumbar spine was restricted. There was hypertonicity and tenderness upon palpation to the paravertebral muscles on both sides. Hip examination revealed mild tenderness to palpation of bilateral trochanteric bursa. The plan of care included medications and authorization was requested for MS Contin 100mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 100mg tablet, 1 tab PO TID, #90 for 30 days, for the management of symptoms related to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed., McGraw Hill 2010, Physician's Desk Reference, 66th ed., Official Disability Guidelines (ODG), Workers Compensation Drug Formulary, Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported and are not medically necessary.