

<b>Case Number:</b>	CM14-0202813		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 34 year old male who was injured on 4/24/2009. He was diagnosed with lumbar sprain/strain, obesity, chronic pain syndrome, opioid induced hypogonadism, lumbar spasms, and reflex sympathetic dystrophy of the lower limb. He was treated with medications. On 12/19/14, the worker was seen by his primary treating physician reporting continual upper and lower extremity pain. He reported using MS Contin, Norco, and oxycodone IR, which produced a "moderate pain relief" and "functional improvement citing an ability to continue working full time with self-imposed restrictions" and "greater ability to perform activities of daily living." Physical examination revealed tenderness of cervical spine, tenderness of the lumbar spine, allodynia of upper and lower extremities, and well-coordinated gait. He was then recommended to continue his medications as previously used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of MS Contin 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although there was a comment on benefit from his medications, there was no measurable/quantifiable decrease in pain and increase in function reported in the notes available for review directly related to his MS Contin use, which he had been taking chronically leading up to this request. Without clear, specific, and measurable functional improvement with MS Contin compared to without, the continuation cannot be justified and will be considered medically unnecessary to continue.