

<b>Case Number:</b>	CM14-0204895		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/27/2002
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehabilitation 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 Independent Medical Review is requested for this 32 year old male with date of injury 4/27/02. There are 1731 pages of medical records provided regarding this review. The treating physician report dated 11/11/14 states that the patient presents with ongoing lower back pain with radicular pain affecting the left leg and that the patient continues to do well on the current medication regimen with no adverse effects and that medication documentation has not changed since the last visit. In reviewing the 10/14/14 report the patient is noted as having decreased pain from an 8/10 to a 4/10 with medication usage. There is discussion regarding the increased ability to perform several ADLs that include cooking, cleaning and taking care of his 7 year old son. The objective findings as outlined by the the treating pain management physician include positive SLR on the left in the seated position. The patient has history of prior L4/5 laminectomy in 2013 and the patient is limited to sedentary work. Current diagnoses are discogenic lower back pain status post surgery with left ankle weakness following surgery. The utilization review report dated 12/19/14 modified the request for MS Contin 30Mg #90 to #36 based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 88-89.

**Decision rationale:** The patient presents with chronic lower back pain with radicular pain into the left leg. This IMR is for the review of the medical necessity for MS Contin 30mg #90. The treating physician has provided thorough documentation of the effects of opioid medications regarding the improvements in pain and function provided to the patient. For chronic opiate use, the MTUS Guidelines provide specific criteria that must be documented to support ongoing usage. In reviewing the specific report making the request for MS Contin dated 11/11/14 and the prior reports dated 10/14/14 and 9/16/14 the pain management specialist has clearly documented the patient's before and after pain scales (8 down to a 4), specific improvements in ADLs and there is thorough discussion regarding lack of side effects other than constipation. The records provided meet all of the required criteria for ongoing opioid usage and no aberrant behaviors are occurring. The current request is medically necessary and requires authorization to help this patient continue to function.