

<b>Case Number:</b>	CM15-0001237		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/09/1990
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on July 9, 1990. She has reported low back pain. The diagnoses have included degeneration of thoracic and lumbar intervertebral disc, spinal stenosis, and lumbar region without neurogenic claudication, asthma, unspecified type, thoracic or lumbosacral neuritis or radiculitis and arthrodesis status. Treatment to date has included pain management, exercises, and lumbar fusions on July 2, 2014. Currently, the injured worker complains of paresthesia of the left lower extremity. The injured worker noted that the severe back pain has improved considerably. She walked with a cane and a walker at home. Transfers were more stable and she was able to sit and stand without significant pain. Her left lower extremity pain was consistent with neurogenic pain. The medications included MS Contin 30 mg three times per day with documentation that the medication was beginning to be decreased with the goal of decreasing it over the next couple months. The patient's surgical history include back surgery fusion L2-S1. The patient has used a cane and walker for this injury. Per the doctor's note dated 12/8/14 patient had complaints of back pain and paresthesia in left lower extremity. Physical examination revealed she was able to stand and sit without pain and had left lower extremity neurogenic pain. Her medication list includes Lidoderm patch, gabapentin, Phenergan and MS contin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30 MG #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids Page(s): p.

**Decision rationale:** Request: MS Contin 30 MG #270 MS Contin 30 MG #270 is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MS Contin 30 MG #270 is not established for this patient.