

<b>Case Number:</b>	CM15-0007611		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	11/01/1994
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58-year-old female who reported an injury on 11/01/1994. Due to an unspecified mechanism of injury. On 01/08/2015, she presented for a followup evaluation. She reported that her opiate requirements were less than half of the doses required when she came for evaluation in 2007. A physical examination showed that she walked with 2 canes, short distances, with a flexed posture. Her medications included Kadian and MS IR. Her medications included Kadian 50 mg 30 day supply and MS IR 1 to 2 by mouth twice a day 30 mg. She was diagnosed with lumbar disc disease, grade 1 spondylolisthesis, depression, chronic pain syndrome and bilateral hip flexion contractures. The treatment plan was for MS IR 30 mg x120. The rationale for treatment was to alleviate the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS IR 30mg x 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Effective January 16, 2008, Opioids for Chronic Pain; Opioids, cr. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC); Treatment; Integrated Treatment / Disability Duration Guidelines, Pain (Chronic) (Updated 11/21/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The clinical documentation provided does not indicate that the injured worker is getting significant relief from the use of this medication. There was lack of evidence showing a quantitative decrease in pain and an objective improvement in function, as well as a proper pain assessment. Also, no official urine drug screens or CURES reports were provided to validate the injured worker's compliancy with her medication regimen. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not medically necessary.