

<b>Case Number:</b>	CM15-0103632		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Massachusetts

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 62 year old male who sustained an industrial injury on 09/06/01. Initial complaints and diagnoses are not available. Treatments to date include medications and a lumbar fusion. Diagnostic studies include a MRI of the cervical spine. Current complaints include neck and low back pain. Current diagnoses include low back pain and neck pain. In a progress note dated 05/27/15 the treating provider reports the plan of care as medications including MS Contin and Percocet. The requested treatments include MS Contin and Percocet. The documentation supports that the injured worker has been on Percocet and MS Contin since at least 07/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in September 2001 and is being treated for neck and low back pain. Medications are referenced as decreasing pain from 8/10 to 4/10 and allowing him to be more functional including performing household activities and walking and riding a bike for exercise. When seen, he was having left lower extremity radicular symptoms. Physical examination findings included lumbar paraspinal muscle tenderness with positive left straight leg raising. He had a mildly antalgic gait with use of a cane. MS Contin and Percocet were prescribed at a total MED (morphine equivalent dose) of 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed more than twice that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in September 2001 and is being treated for neck and low back pain. Medications are referenced as decreasing pain from 8/10 to 4/10 and allowing him to be more functional including performing household activities and walking and riding a bike for exercise. When seen, he was having left lower extremity radicular symptoms. Physical examination findings included lumbar paraspinal muscle tenderness with positive left straight leg raising. He had a mildly antalgic gait with use of a cane. MS Contin and Percocet were prescribed at a total MED (morphine equivalent dose) of 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed more than twice that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.