

<b>Case Number:</b>	CM15-0105179		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 64 year old male, who sustained an industrial injury on 6/16/97. He reported right shoulder and right thigh injury. The injured worker was diagnosed as having possible AVN of right hip, right shoulder impingement syndrome with rotator cuff tear, chronic lumbar strain, insertion of spinal cord stimulator and opioid dependence. Treatment to date has included spinal cord stimulator implant, oral medications including opioids, LSO brace, activity restrictions and home exercise program. Currently, the injured worker complains of pain in right buttock and walking tolerance is about 10 minutes. Physical exam noted tenderness at SI joint, tenderness ant bilateral greater trochanter and symmetrical hip range of motion. The treatment plan included refilling of MS Contin and Cymbalta, request for SI joint injection and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 100mg #70:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested MS Contin 100mg #70 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the right buttock and walking tolerance is about 10 minutes. Physical exam noted tenderness at SI joint, tenderness ant bilateral greater trochanter and symmetrical hip range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS Contin 100mg #70 is not medically necessary.