

<b>Case Number:</b>	CM15-0131089		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/06/1997
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 69 year old male, who sustained an industrial injury on October 6, 1997. He reported low back pain. The injured worker was diagnosed as having status post lumbar surgical intervention x2, degeneration of lumbar or lumbosacral intervertebral disc, chronic low back pain, myofascial pain and multi facet lumbar level arthropathy. Treatment to date has included diagnostic studies, radiographic imaging, home exercise, rest, heat, conservative care, medications and activity restrictions. Currently, the injured worker complains of continued low back pain, left knee pain and bilateral foot tingling and numbness with associated insomnia. It was noted he uses a cane or wheelchair for locomotion. Other diagnoses include morbidly obese and had a history of insulin dependent diabetes. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 19, 2015, revealed continued pain as noted. He rated his pain at 3 on a 1-10 with 10 being the worst with medications and at 10 out of 10 without medications. Evaluation on April 20, 2015, revealed continued pain as noted. He rated his pain using a visual analog scale (VAS) with 0 being no pain and 10 being the worst pain, at a 10 when not on medications and at a 3 when on medications. It was noted he could not perform activities of daily living without medications however he reported the pain still interferes with some activities of daily living. He continued to require a wheelchair and was prescribed MS Contin and Topamax for pain and Temazepam for insomnia. It was noted his condition was unchanged since the last visit in March, 2015. Magnetic resonance imaging (MRI) of the lumbar spine in 1998 revealed disc degeneration, disc bulges and spinal stenosis. The

computed tomography (CT) myelogram in 1998 revealed facet arthrosis at multiple lumbar levels. Evaluation on June 16, 2015, revealed the back pain had slightly increased. The pain scale with and without medications were unchanged. Medications as noted previously were continued. The physician requested medical transportation secondary to the injured worker's difficulty getting to the office visits. MS Contin 30 mg #60 ordered on June 16, 2015 and transportation to office visits were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MS Contin 30mg #60 prescribed on 6/16/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

**Decision rationale:** According to the California (CA) MTUS Guidelines, MS Contin is an opioid agent recommended for short-term use after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of various visits do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. The request for MS Contin 30 mg #60 prescribed on June 16, 2015, is not medically necessary. Of note, discontinuation of medicine should include a taper, to avoid withdrawal symptoms, weaning is typically recommended.

#### **Transportation to office visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm).

**Decision rationale:** CA MTUS and ODG do not address this, therefore alternate guidelines were reviewed. As per California Department of Health Care Services nonemergency medical transportation is appropriate when physical and medical condition of the patient is such that transport by private or public conveyance is medically contraindicated. The treating provider does not indicate why the injured worker cannot use private or public conveyance. The requested treatment: Transportation to office visits is not medically necessary and appropriate.