MAXIMUS Federal Services

| Case Number: | CM15-0163087 | | |
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| Date Assigned: | 08/31/2015 | Date of Injury: | 02/16/2012 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

## 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: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on 02-16-2012. He reported that he tripped on some stairs and fell, catching himself with his arms. He felt immediate neck pain. On 07-07-2015, the injured worker was seen by an orthopedist who noted that the injured worker suffered from intractable, incapacitating and chronic neck pain. The injured worker had significant developmental and acquired stenosis with upper cervical kyphosis. The provider noted that it was likely that chronic cervical pain syndrome was due to degenerative disc and facet arthropathy at C3-4 and possibly also at C6-7. Recommendations included a bilateral computed tomography guided facet joint injection with anesthetic and cortisone for relief of pain and to localize the pain generator. The provider also noted that surgical treatment for decompression of spinal stenosis was indicated. According to a progress report dated 07-10-2015, the injured worker was seen for a follow up and medication refill. He was stable on current regimen. Medications provided effective pain relief and allowed him to experience less pain and be more active day to day performing activities of daily living which improved quality of life. There were no adverse effects or aberrant drug seeking behaviors. The provider noted that the injured worker was recently seen by an orthopedist who was ordering additional tests to determine the main pain generating disc. Physical examination demonstrated paraspinal tenderness over T1-3 and superiorly over C5-6, C6-7. Active range of motion was decreased due to pain. Assessment included cervical disc degeneration, cervical spondylosis and cervicalgia. The treatment plan included MS Contin 30 mg twice a day for 30 days with no

refills. Currently under review is the request for MS Contin 30 mg #60. Medical records submitted for review dated back to 01-19-2015 and show continued use of 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 #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is documentation that the patient fits the second of these criteria. I am reversing the previous UR decision. MS Contin 30 mg #60 is medically necessary.