

<b>Case Number:</b>	CM15-0166405		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/20/2004
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 65-year-old male, who sustained an industrial injury on 04-20-2004. He has reported injury to the low back, right shoulder, and right knee. The diagnoses have included lumbago, low back pain; lateral epicondylitis; shoulder region disorder; and status post right rotator cuff surgery. Treatment to date has included medications, diagnostics, injections, lumbar epidural steroid injections, physical therapy, and surgical intervention. Medications have included MS Contin, MS ER (morphine sulfate extended-release), Tylenol #4, Valium, and Zanaflex. A progress report from the treating physician, dated 07-08-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing lower back pain that is increased along with his right shoulder pain; his stress level is high; he receives Valium from his psychiatrist; pain from the back and sacroiliac joint refer down into the groin causing great pain when he walks; sitting or standing too long cause pain; the only way he stays stable is by being on pain meds that keep him mobile and active; the pain is rated at 9 out of 10 in intensity without medication, and 5 out of 10 in intensity with medication; she is able to cook, do laundry, shop, bathe, dress, and drive; and he is unable to garden. Objective findings included he does not display any aberrant behavior; in no acute distress; right lower extremity tenderness at the joint line of the knee; decreased flexion and extension, pain with flexion of the right knee; tenderness of the right foot; tenderness at the lumbar spine and facet joints with crepitus; decreased flexion, extension, lateral bending, and rotation of the lumbar spine; tenderness at the right greater trochanter with crepitus, decreased flexion and extension, and pain with flexion; and tenderness at the left greater trochanter with crepitus, decreased extension and flexion

with pain. The treatment plan has included the request MS Contin 10mg #60.

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

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

**MS Contin 10mg #60:** Overturned

**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 Opioids when to continue Page(s): 78, 79, 80.

**Decision rationale:** MTUS Guidelines support the use of short and long acting opioids for severe chronic pain syndromes when specific standards are met. These standards include clear documentation of meaningful pain relief, functional support and the lack of drug related aberrant behaviors. These standards are well documented to have been met with a 50% improvement in pain, ADL and activity support and no reported drug related aberrant behaviors. Under these circumstances, the MS Contin 10mg. #60 is supported by Guidelines and is medically necessary.