

<b>Case Number:</b>	CM15-0191857		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/07/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Texas, Florida, 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:

This 54 year old male sustained an industrial injury on 2-7-09. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome, lumbar spine spondylosis, thoracic spine pain, chronic pain syndrome and other pain disorder related to psychological factors. In a visit note dated 8-25-15, the injured worker complained of diffuse thoracic and low back pain with radiation to the left lower extremity. The injured worker had recently undergone a spinal cord stimulator trial (7-15-15) but decided not to proceed with an implant due to not liking the feeling of the stimulation. The injured worker stated that current medications allowed him to achieve a higher degree of daily function. Physical exam was remarkable for gait and movements within baseline for level of function and intact neurologic exam. The injured worker appeared alert and oriented without overt signs of intoxication or sedation. The injured worker stated that he was willing to begin medication detoxification. The injured worker was not going to do an inpatient program as he was "dependent but not an addict". The physician stated that the injured worker would require intramuscular injection therapy and biofeedback to assist with the process. The injured worker had been prescribed MS Contin 200mg since at least 6-19-12. The treatment plan included discontinuing MS Continuing 200mg tablets and prescriptions for MS Contin 60mg tablets, Clonidine, Robaxin, Zubsolv, Mirtazapine, Oxycodone and Cyclobenzaprine. On 9-17-15, Utilization Review noncertified a request for MS Contin 60mg #120.

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

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

**Decision rationale:** This claimant was injured 6 years ago. The claimant has been on opiates since now 2012 without apparent, objective functional benefit. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids:** (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.