

<b>Case Number:</b>	CM15-0195844		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 29 year old male, who sustained an industrial injury on 5-24-2013. The injured worker is undergoing treatment for left lumbar radiculopathy, lumbar disc protrusion, lumbar degenerative disc disease (DDD) and lumbar facet joint arthropathy. Medical records dated 9-8-2015 indicate the injured worker complains of back pain radiating down the left leg. Physical exam dated 9-8-2015 notes lumbar paraspinal tenderness to palpation with decreased range of motion (ROM) and positive straight leg raise on the left. Treatment to date has included lumbar transforaminal epidural steroid injection, Oxycodone, MS Contin (increased from 30mg since at least 1-2015), ibuprofen, Baclofen, Vimovo and Lyrica. The original utilization review dated 9-25-2015 indicates the request for MS Contin 60mg #30 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment, Weaning of Medications.

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

**Decision rationale:** According to the guidelines, Morphine is not first line for chronic pain, mechanical or compressive etiologies. It is indicated for those with chronic pain over 6 months that do not respond to other medications. In this case, the claimant has been on Oxycodone and NSAIDS but has still required MS Contin for the past year. It provided improved function and pain reduction greater than 50%. Due to the nature and chronicity of the pain along with the benefit and compliance noted in the progress notes, continued use is medically necessary.