

<b>Case Number:</b>	CM15-0198623		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/03/1998
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina

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 68 year old with a date of injury on 08-03-1998. The injured worker is undergoing treatment for lumbar back pain and sciatica. Physician progress notes dated 08-25-2015 and 09-25-2015 documents the injured worker has complaints of lower back and thoracic pain. He is uncomfortable. There is tenderness to palpation to the lumbar spine, and restricted lumbar range of motion. There is documentation that he needs to be on MS Contin, Amitriptyline, and Tramadol to function. Several documents within the submitted medical records are difficult to decipher. He is not working. Treatment to date has included medications. Medications include MS Contin (since at least 12-23-2015), Amitriptyline, and Tramadol. The Request for Authorization dated 09-25-2015 includes MS Contin 30mg #75, Amitriptyline and Tramadol. Several documents within the submitted medical records are difficult to decipher. On 09-30-2015, Utilization Review modified the request for 1 prescription of MS Contin 30mg #75 to MS Contin 30mg #29.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of MS Contin 30mg #75: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment.

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

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.