

<b>Case Number:</b>	CM15-0202625		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/30/1986
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 59-year-old male, who sustained an industrial injury on 6-30-86. Medical records indicate that the injured worker is undergoing treatment for chronic low back pain, history of a pelvic fracture, chronic right sacral one radiculopathy and a history of a lacerated urethra with reconstruction. The injured worker is currently not working. On (9-23-15) the injured worker complained of low back pain with radiation to the right lower extremity. Objective findings noted that the injured worker walked slowly with a cane and was hunched over with an antalgic gait. A pain level or level of function was not noted. On (8-26-15) the injured workers pain level was noted to be 8 out of 10 with MS Contin. The pain medication was noted to take the edge off and allowed the injured worker to be more active and functional. No aberrant behavior was noted. Documented treatment and evaluation to date has included medications, MRI of the lumbar spine, transforaminal epidural steroid injection and toxicology screens. Current medications include Norco, MS Contin (since at least January of 2015), Lyrica, Relafen, Zanaflex and Tizanidine. The request for authorization dated 10-1-15 is for MS Contin 30 mg # 90. The Utilization Review documentation dated 10-9-15 non-certified the request for MS Contin 30 mg # 90.

### 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 30 mg #90: 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:** The California MTUS states: 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 improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.