

<b>Case Number:</b>	CM15-0208123		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 38 year old, male who sustained a work related injury on 4-2-08. A review of the medical records shows he is being treated for seizures, headache, depression and back pain. In the progress notes dated 8-6-15 and 9-9-15, the injured worker reports a headache and back pain. He rates his back pain a 5 out of 10 with medications and a 9 out of 10 without medications. On physical exam dated 9-9-15, he has lumbar paraspinal and bilateral sacroiliac joint tenderness. He has pain with lumbar range of motion. Treatments have included medications. Current medications include Naproxen, Zoming, Keppra, Dilantin, MS Contin, Butrans patches, Norco, and Valium. There is no notation of working status. The treatment plan includes refills of medication. The Request for Authorization dated 9-9-15 has requests for Naproxen, Zoming, Keppra, Dilantin, MS Contin, Butrans patches, Norco, and Valium. In the Utilization Review dated 9-22-15, the requested treatment of MS Contin 15mg #60 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg, #60:** Upheld

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

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

**Decision rationale:** This 38 year old male has complained of low back pain since date of injury 4/2/2008. He has been treated with physical therapy and medications to include opioids for at least 4 weeks duration. The current request is for MS Contin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, MS Contin is not medically necessary.