

<b>Case Number:</b>	CM15-0208345		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/13/2007
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/17/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 31-year-old male who sustained an industrial injury on 01-13-2007. According to the most recent progress report submitted for review and dated 09-25-2015, the injured worker was seen for bilateral low back pain radiating into this bilateral buttocks and bilateral lower extremities. Pain intensity was not documented in this report. He was unable to fill Opana ER and wanted to see if there was an alternative. He brought back the prescription. Current medications included Allegra, Naproxen, Metoprolol Succinate, Ativan, Soma, Adderall, MS Contin 60 mg and Norco 10-325 every six hours as needed. Diagnoses included new right lumbar radiculopathy with right lower extremity weakness, L4-L5 mild left neural foraminal stenosis measuring 4 mm - 5 mm, L5-S1 central herniated nucleus pulposus measuring 4 mm - 5 mm compressing right S1 nerve root and displacing left S1 nerve root with mild to moderate left neural foraminal stenosis, L2-L3 broad based herniated nucleus pulposus, L3-L4 broad based herniated nucleus pulposus, central L5-S1 disc protrusion measuring 4 mm displacing the S1 nerve roots, central L4-L5 disc protrusion measuring 5 mm with annular disc tear, left S1 radiculopathy, mild to moderate L5-S1 bilateral neural foraminal stenosis, mild L4-L5 bilateral neural foraminal stenosis with mass effect on the ventral subarachnoid space, lateral recess stenosis at S1 that abuts the S1 nerve root, lumbar degenerative disc disease, mild facet joint arthropathy and L2-L3 with fluid within the left facet joints, mild bilateral facet joint arthropathy at L5-S1, lumbar sprain strain, early cauda equine symptoms, new right sided back and lower extremity pain and weakness. The treatment plan included a transforaminal epidural steroid injection. Opana ER was discontinued. Prescriptions were provided for MS Contin 60 mg twice a day #60. Follow up was indicated in 3 weeks. On 10-17-2015, Utilization Review non-certified the request for MS Contin 60 mg #60 twice daily.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg #60, twice daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** The claimant sustained a work injury in January 2007 and is being treated for chronic radiating low back pain. In August 2015 medications included Opana ER and Norco at a total MED (morphine equivalent dose) of 280 mg per day. Pain scores were not recorded. When seen in September 2015, he had been unable to fill his prescription for Opana and was requesting an alternative. He was having pain with all movement. Physical examination findings included a body mass index of 32.5. There was decreased and painful lumbar range of motion with spasms. There was decreased lower extremity strength. Discogenic provocative maneuvers were positive. MS Contin 60 mg was substituted for the Opana. The total MED was decreased by 120 mg. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's management as a substitute for Opana ER. However, there are no recorded pain scores and opioid medications at a higher MED are not documented as providing benefit. Without an adequate pain assessment and review of the claimant's response to prior opioid therapy, the request cannot be accepted as being medically necessary.