

<b>Case Number:</b>	CM15-0026566		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male who reported injury on 06/01/2011. The mechanism of injury was a motor vehicle accident. The injured worker was utilizing opiates since at least 07/2014. The injured worker underwent left shoulder surgery on 02/29/2012. The injured worker underwent an MRI of the lumbar spine and left shoulder. The injured worker was utilizing opiates since at least 03/2014. Other therapies included physical therapy. The documentation of 12/11/2014 the medications were working well and no side effects were reported. The injured worker was taking medications as prescribed. The medications included oxycodone hydrochloride 10 mg one 3 times a day as needed, Senokot S 8.6/50 mg 1 tablet twice a day as needed, MS Contin 15 mg tablets 1 in the morning, and MS Contin CR 30 mg 1 tablet in the afternoon and 1 in the evening. The physical examination revealed the injured worker had an antalgic gait assisted by cane. Diagnoses included shoulder pain left and low back pain. The discussion included the injured worker had tenderness to his center of his back with sharp shooting pain in the bilateral posterior thighs down to his feet and numbness and tingling. The treatment plan included MS Contin 15 mg 1 in the morning and 30 mg in the afternoon and evening due to the injured worker's constant level of pain in left shoulder and low back. The injured worker indicated with medications he was able to stand 15 minutes as compared to 5 minutes without medications. The injured worker was noted to get an additional 2 hours of sleep with use. With MS Contin there was a reduction in pain would be reduced from 9/10 to 6/10. The injured worker was able to participate in a home exercise program daily. The injured worker was able to get to his second floor apartment with the use of the medication. The injured

worker's side effect was noted to be constipation. With the medications, the injured worker had an improved capability of activities of daily living including self-care and household tasks. The injured worker did not exhibit adverse behavior to the medications. The injured worker underwent urine drug screens. The injured worker was participating in physical therapy. There was a Request for Authorization submitted for review dated 12/17/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS contin, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 13, 74 - 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency and dosage for the requested medication. Given the above, the request for MS Contin sixty count is not medically necessary.