

<b>Case Number:</b>	CM15-0029261		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/18/2000
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained an industrial injury on 2/18/00, with subsequent ongoing back and neck pain. The injured worker was currently being treated for lumbar and cervical degenerative disc disease. In an office visit dated 2/5/15, the injured worker complained of increased pain following bilateral L5-S1 transforaminal injection 10 days prior associated with intermittent bowel and bladder loss. Physical exam was remarkable for the injured worker requiring help for any ambulation with exceeding difficulty getting her on the exam table. The injured worker had negative seated straight leg raise bilaterally but excruciating complaints of back pain with any motion or palpation. In an office visit dated 2/12/15, the physician noted that magnetic resonance imaging lumbar spine (2/6/15) showed significant anterolisthesis of L2 on L3 with marked degeneration and endplate changes. The physician felt that this likely explained the reason for the injured worker's marked exacerbation of pain. The treatment plan included aquatic therapy referral, epidural steroid injections and MS Contin 30mg one table every eight hours for 30 days. On 2/13/15, Utilization Review non-certified a request for MS Contin 30mg #30, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### 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 30m #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. MS Contin 30m #30 is not medically necessary.