

<b>Case Number:</b>	CM15-0211295		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 10-21-07. The injured worker was being treated for lumbalgia and cervical pain. On 10-13-15, the injured worker complains of cervical and thoracic pain rated 6 out of 10 with numbness and tingling in right and left arm, weakness in right and left arm and stiffness and pain with movement; he also complains of back pain, stiffness and radicular pain in bilateral legs rated 6 out of 10 and mid back pain described as aching, burning, throbbing, stiffness and spasming along with stiffness and radicular pain in bilateral arms. Documentation does not notes pain prior to or following administration of opioids or duration of pain relief. He notes substantial benefit with medications. He is temporarily totally disabled. Physical exam performed on 10-13-15 revealed slightly antalgic gait, pain to palpation of C3-5, C4-5 and C5-6 facet capsules, bilateral secondary myofascial pain with triggering and ropey fibrotic banding, positive Spurling's maneuver bilateral, positive maximal foraminal compression testing bilateral and point tenderness of sacroiliac joint lumbosacral pathology. Treatment to date has included oral medications including Benadryl, Colace, Cymbalta, Felodipine, Gabapentin, Gemfibrozil, HCTZ, lactulose, levothyroxine, Lisinpril, loratadine, metformin, MS Contin 60mg (since at least 5-15), Norco 10-325mg and Omeprazole 20mg. On 10-13-15 request for authorization was submitted for MS Contin ER 60mg #60. On 10-21-15 request for MS Contin ER 60mg #60 was modified to #55.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin tablet 60mg Cr #55 for 30 days med 160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. In this case, the opioid medications, Norco and MS Contin have not been approved since May-2015, however, the injured worker has been paying for these medications out of his pocket and is currently taking them. His total MED is 160 which exceeds the recommendations of the guidelines. There is a lack of significant quantifiable pain relief or objective evidence of functional improvement and the injured worker is unable to work even with medications. The request for MS Contin tablet 60mg Cr #55 for 30 days med 160 is determined to not be medically necessary.