

<b>Case Number:</b>	CM15-0030732		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 46 year old male who sustained a work related injury on April 23, 2004. He incurred back injuries while working as a construction worker/foreman. He was diagnosed with lumbar degenerative disc disease, thoracic degenerative disc disease and lumbar neuritis. Treatments included Radiofrequency Ablation of the lumbosacral spine, pain medications and physical therapy. Currently, the injured worker complained of chronic low back pain and thoracic pain with numbness and tingling into his foot. On February 10, 2015, a request for narcotic MS-Contin 30 mg twice a day, quantity 60; and X rays of the thoracic spine was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and the American College of Occupational and Environmental Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narcotic MS Contin 30mg QTY:60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Multiple prior UR decisions have indicated a need to wean and have allowed a weaning schedule. Therefore, the record does not support medical necessity of ongoing opioid therapy with MS Contin.

**X-ray AP and Lateral views, of the thoracic spine QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM; Lumbar spine x-rays Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines; Low back-Lumbar & Thoracic (Acute & Chronic) Chapter Radiography (X-rays).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179 and 182.

**Decision rationale:** ACOEM states that should not be recommended in the absence of red flag findings of serious spinal pathology even if symptoms have persisted greater than 3 months. In this case, there are no red flag findings reported in the examination and X rays AP and lateral thoracic spine are not indicated. Therefore, the request is not medically necessary.