

<b>Case Number:</b>	CM15-0059409		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/07/2009
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old woman sustained an industrial injury on 9/7/2009. The mechanism of injury is not detailed. Diagnoses include bilateral upper lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, cervical chronic neck pain, chronic facet joint pain, cervical facet joint arthropathy, left shoulder pain, and depression. Treatment has included oral medications. Physician notes dated 3/16/2015 show complaints of bilateral low back and neck pain and lumbar facet joint arthropathy. Recommendations include MS Contin, expedited review, urine drug screen, extension of facet joint medial branch block, Norco, Neurontin, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ms Contin 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, When to discontinue Opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** MS Contin 15mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has been using MS Contin since 2012. The documentation dated 4/15/15 states that the patient's pain interfered with sleep, concentration, work, recreation, family function, and mood. A review of the documentation indicates there is no significant objective evidence of functional improvement on MS Contin as defined per the MTUS. The request for continued MSContin is not medically necessary.