

<b>Case Number:</b>	CM15-0088377		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/02/1998
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Florida

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 54 year old male, who sustained an industrial injury on December 2, 1998. The injured worker was diagnosed as having chronic pain, degenerative lumbar / lumbosacral intervertebral disc, lumbago, sciatica, thoracic / lumbosacral neuritis / radiculitis, major depression, generalized anxiety disorder, and panic attacks with agoraphobia. Treatment to date has included piriformis injections, diagnostic ultrasound, psychotherapy, and medication. Currently, the injured worker complains of more pain in the left leg and foot with sleep disturbed. The Treating Physician's report dated April 8, 2015, noted the injured worker reported his pain level at 6-8/10, worsened by 10% since the previous visit. The Physician noted no physical examination was performed, with the injured worker appearing in no acute distress, with a positive normal affect. The injured worker was noted to have received significant benefit from the injections. The treatment plan was noted to include refills of the medications including MS Contin, MSIR, Xanax, Ambien, Senokot, Mobic, and Prevacid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of MS Contin 60mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In regards to this patient's case, there is no objective evidence of functional improvement provided. Likewise, this request is not medically necessary.

**One prescription of morphine sulfate immediate release (MSIR) 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In regards to this patient's case, there is no objective evidence of functional improvement provided. Likewise, this request is not medically necessary.