

<b>Case Number:</b>	CM14-0112588		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/02/1994
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51 year old with an injury date on 2/2/94. Patient complains of chronic low lumbar pain and left lower extremity pain rated 4/10 with medications and 8/10 without medications per 7/10/14 report. Patient also states he has some transient weakness of the left knee/leg during pain exacerbations per 7/10/14 report. Based on the 7/10/14 progress report provided by [REDACTED] the diagnoses are: 1. degeneration of lumbar or lumbosacral intervertebral disc 2. Lumbago 3. postlaminectomy syndrome, lumbar region 4. thoracic or lumbosacral neuritis or radiculitis, unspecified 5. degeneration of thoracic or lumbar intervertebral disc 6. chronic pain syndrome 7. symptoms of depression 8. Anxiety 9. insomnia. Exam on 7/10/14 showed "L-spine flexion restricted to 30 degrees by pain. Lumbar extension limited to return to neutral. Positive left straight leg raise." [REDACTED] is requesting MS contin 30mg #450 with 3 refills. The utilization review determination being challenged is dated 7/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/9/09 to 7/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #450 with 3refills:** 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 (MTUS Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain and left leg pain and is s/p L4 laminectomy and L5-S1 fusion from 1994. The treating physician has asked for MSContin 30mg #450 with 3 refills on 7/10/14. Patient has been taking MSContin since 6/29/12. Patient has been unable to work for several years. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include MSContin, but there are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. The required four A's are not addressed including aberrant behavior such as urine toxicology, CURES reports, etc. Given the lack of sufficient documentation regarding chronic opiates management as required by a slow taper off the medication is recommended at this time. Therefore, this request is not medically necessary.