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| <b>Case Number:</b>   | CM14-0115906 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 08/17/2009 |
| <b>Decision Date:</b> | 09/30/2014   | <b>UR Denial Date:</b>       | 07/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/23/2014 |

### 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 Occupational Medicine 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:

This is a 41-year-old male with an 8/17/09 date of injury. The patient injured both of his shoulders while lifting a trailer in order to hitch it to a truck. According to a progress report dated 6/26/14, the patient complained of neck, low back, and shoulder pain. He rated his pain as a 6-7/10 in intensity with pain medications and as an 8-9/10 in intensity without pain medications. He stated that he had increased pain with bending, stooping, squatting, and lifting. He continued to have a lot of left shoulder pain. Objective findings: sensation slightly decreased over left lateral leg, tenderness over the lumbar paraspinals, pain with lumbar flexion and extension, straight leg raise elicits low back pain on left side. Diagnostic impression: congenital spondylolysis, lumbosacral region; lumbar radiculopathy; lumbar degenerative disc disease; bilateral shoulder pain; chronic pain syndrome. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 7/11/14 modified the request for MS Contin 30mg #90 to allow the patient this one refill of MS Contin 30mg #90 for the purpose of weaning to discontinue. The patient's current opioid dosage is in excess of the recommended 120. It is noted that his medication regimen reduces his pain from 8-9/10 to 6-7/10; however, it remains relevant that the patient is not working. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 7/11/14 modified the request for MS Contin 30mg #90 to allow the patient this one refill of MS Contin 30mg #90 for the purpose of weaning to discontinue. The patient's current opioid dosage is in excess of the recommended 120 MED. It is noted that his medication regimen reduces his pain from 8-9/10 to 6-7/10; however, it remains relevant that the patient is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Refill of MS Contin 30Mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support "ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." According to the progress note dated 6/26/14, the patient stated that pain medications bring his pain intensity down from an 8-9/10 to a 6-7/10. He stated that he is able to get out of bed, shower, take care of himself, and walk for 30 more minutes with the help of his medications. He can bend over and pick things up with the help of his medications. In addition, the provider has noted that the patient exhibits no aberrant behavior, has signed an opioid contract, and the patient agrees to receive opioids only from their office. Therefore, the request for 1 Refill of MS Contin 30Mg #90 is considered medically necessary.