

<b>Case Number:</b>	CM14-0116189		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/21/2003
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/23/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 52-year-old male who reported an injury on 06/21/2003 due to falling 3 to 4 feet from shutting a door on a truck. The injured worker complained of lower back pain that radiated to bilateral legs. Diagnosis included lumbar postlaminectomy syndrome, lumbar disc disorder, sacroiliac pain, lumbosacral disc degeneration, lumbar disc displacement, broken screw and fusion surgery. The prior diagnostics included a CT scan of the lumbar spine, dated 02/01/2012, that revealed no changes since fusion. The x-ray of the lumbar spine, dated 11/27/2013, revealed no evidence of complications of lower lumbar fusion, degenerative disc disease above the area of the fusion. The current medications included Norco 10/325 mg, Norco 10/325 mg, MS Contin CR 30 mg, Tetraderm, Tizanidine, and Paxil. The injured worker rated his pain a 4/10 with medication and an 8/10 without medication using the VAS. Prior treatments included a spinal cord stimulator, physical therapy, chiropractic therapy, psychotherapy, and medications. The physical examination of the lumbar spine, dated 07/02/2014, revealed a surgical scar to the posterior spine, the range of motion was restricted with flexion limited at 50 degrees and extension limited at 15 degrees. On palpation of the paravertebral muscles, tenderness and tight muscle band was noted bilaterally. No spinous process tenderness was noted. The injured worker was unable to walk on heel or toes. Straight leg raising test was positive to the left in a sitting position at 10 degrees. Brudzinski's sign was negative. Tenderness noted along the spinal column over the surgical site. Motor testing was limited secondary to pain. Sensation examination revealed light touch sensation was patchy in distribution. The Request for Authorization, dated 08/16/2014, was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin CR 30mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for MS Contin CR 30mg #90 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and evidence the patient is being monitored for aberrant drug behaviors and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral Morphine equivalent per day. Per the clinical notes, the injured worker is taking Norco 10/325 mg and another prescription for Norco 10/325 mg, both not to exceed 5 tabs a day, along with MS Contin 3 times a day, for a total of at least 150 mg daily of the Norco and MS Contin, which exceed the recommended guidelines. The clinical notes were not evident that the injured worker was monitored for aberrant drug behavior and side effects. The request did not indicate the frequency. As such, the request is not medically necessary.