

<b>Case Number:</b>	CM14-0138445		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/28/1996
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

The patient is a 55 year-old female with date of injury 02/28/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/23/2014, lists subjective complaints as pain in the neck, shoulder, low back and hand. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the posterior cervical spine along the spinous processes with mild spasms bilaterally and limited range of motion. Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with mild spasm and decreased range of motion. Slightly positive straight leg raise bilaterally that exacerbated the pain across her lower back and legs. Diagnoses are cervical spine strain/sprain, cervical radiculopathy, lumbar spine strain/sprain, lumbar spine status post laminectomy, right shoulder strain/sprain, right knee strain/sprain, right knee status post arthroscopy, chronic pain syndrome, and high blood pressure. The patient has reported greater than 50% improvement in pain symptoms with MS Contin use, lasting 8 hours. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication includes MS Contin 60mg, #90 SIG: 1 p.o. q. 8 hours p.r.n.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Therefore, this request is not medically necessary.