

<b>Case Number:</b>	CM14-0139987		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 51-year-old male who reported an injury on 10/21/2007. The mechanism of injury involved a motor vehicle accident. The current diagnoses include status post cervical spine fusion, lumbar radiculopathy, headaches, chronic pain, insomnia, and history of failed cervical spine surgery. The injured worker is status post ACDF in 10/2009. The injured worker was evaluated on 09/08/2014 with complaints of 7/10 pain in the cervical spine with radiation into the bilateral upper extremities. The current medication regimen includes cyclobenzaprine, MS-Contin 30 mg, doxepin, Norco, and Ambien. Physical examination revealed spasm in the cervical spine, tenderness to palpation of the bilateral paravertebral areas, moderately limited cervical range of motion, decreased sensation in the bilateral upper extremities, and tenderness to palpation with decreased range of motion of the bilateral shoulders. Treatment recommendations at that time included continuation of the current medication regimen. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 10/2012. Despite the ongoing use of this medication, the injured worker continues to report 7/10 pain. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.