

<b>Case Number:</b>	CM14-0157711		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/14/2006
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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:

Patient is a 54 year-old female with date of injury 11/14/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/05/2014, lists subjective complaints as pain in the neck, upper and mid back, bilateral shoulders and bilateral upper extremities. Objective findings: Examination of the cervical spine revealed range of motion was restricted in all planes due to pain. Tenderness to palpation of the paravertebral muscles and a tight muscle band was noted on both sides. No spinal process tenderness was noted. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremities. Cervical facet loading was negative on both sides. Motor examination was within normal limits. Light touch sensation was decreased over the C7 upper extremity dermatomes on the left. Diagnosis: 1. Post cervical laminectomy syndrome 2. Disc disorder cervical 3. Shoulder pain, bilateral 4. Cervical radiculopathy 5. Cervical pain. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications is MSContin CR 60mg, #90 SIG: one tab three times a day

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin CR 60 MG #90:** Upheld

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

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

**Decision rationale:** 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, both Norco and MSContin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, this request is not medically necessary.