

<b>Case Number:</b>	CM14-0162282		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury after being thrown to the ground from the back of a moving trailer while carrying a box on 02/08/2012. On 07/29/2014, his diagnoses included lumbar spinal stenosis, Post laminectomy pain syndrome, and lumbar radiculopathy. His complaints included lower back pain radiating down both legs. He reported that prolonged standing, sitting, and walking made his pain worse. He stated that resting and taking his pain medications reduced his pain. He reported his pain level at 9/10 without medications, and 6/10 with medications. His pain medication was MS-Contin 15 mg, which he stated helped relieve his pain by 50%. The treatment plan included increasing his MS-Contin to 30 mg to improve pain (relief) and function. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Therapeutic Trial of Opioids

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

**Decision rationale:** The request for MS Contin 30mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid using, including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with Acetaminophen, Aspirin, NSAIDs, Antidepressants, and/or Anticonvulsants. There was no documentation in the submitted chart regarding appropriate monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, acetaminophen, Antidepressants or Anticonvulsants, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for MS Contin 30mg #60 is not medically necessary.