

<b>Case Number:</b>	CM14-0165535		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/13/1994
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

According to the records made available for review, this is a 61-year-old female with a 10/13/94 date of injury. At the time (9/9/14) of the request for authorization for MSIR 15 mg, Quantity: 120, there is documentation of subjective (low back radiating into the right lower extremities, cervical spine pain that radiates into both shoulders) and objective (gait is antalgic, bilateral cervical paraspinous tenderness, 1+ palpable muscle spasm present, decreased cervical spine range of motion, 4/5 strength in the left biceps muscle, hypesthesia in the left C6-7 dermatomes, bilateral lumbar paraspinous tenderness with 1+ muscle spasm, positive allodynia buttock region, decreased lumbar spine range of motion, peroneus brevis longus 4/5 strength on the right, and hypesthesia in the right L5 dermatome) findings, current diagnoses (multilevel cervical degenerative disease status post two cervical spine surgeries, left upper extremity radiculopathy, severe lumbar degenerative disc disease status post lumbar spine surgeries x4, and moderate chronic L5 radiculopathy), and treatment to date (medication including MSIR for at least 6 months with improvement in quality of life). Medical reports identify the patient has signed a pain medication agreement and has been compliant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSIR 15 mg, QTY: 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, Section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Recommended dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical degenerative disease status post two cervical spine surgeries, left upper extremity radiculopathy, severe lumbar degenerative disc disease status post lumbar spine surgeries x4, and moderate chronic L5 radiculopathy. In addition, given documentation of a signed pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. Furthermore, given documentation of improvement in quality of life with MSIR, there is documentation of functional benefit with MSIR use to date. However, the morphine equivalent dose exceeds 120 mg MED per day. Therefore, based on guidelines and a review of the evidence, the request for MSIR 15 mg, Quantity: 120 is not medically necessary.