

<b>Case Number:</b>	CM14-0184417		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/30/2002
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 and 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 patient is a 58 year old male with an injury date on 09/30/2002. Based on the 10/03/2014 progress report provided by the treating physician, the diagnoses are:1. Myalgia2. Myositis NosAccording to this report, the patient complains of "neck pain bilaterally and right upper extremity with muscle weakness, burning pain, numbness, and tingling of left and right pinky and ring fingers." Exam findings were not included in the report for review. MRI of the cervical spine on 09/12/2012 reveals multilevel DDD, facet disease, with ACDF C5-C6, foraminal stenosis with compression at C3-C4, C4-C5, and C5-C6 levels. There were no other significant findings noted on this report. The utilization review denied the request on 10/14/14. The treating physician is the requesting provider and he provided treatment reports from 04/04/14 to 10/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for MS IR 15mg #30 MED=90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79,Chronic Pain Treatment Guidelines Page(s): 16, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60-61, 88-89, 76-78.

**Decision rationale:** According to the 10/03/14 report by the treating physician, this patient presents with "neck pain bilaterally and right upper extremity with muscle weakness, burning pain, numbness, and tingling of left and right pinky and ring fingers. "The provider is requesting MSIR 15 mg #30/Med 90. MSIR was first mentioned on 08/15/14 report. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Per provider, the patient states "with the use of medications including MS Contin and MSIR he is able to run errands, do his own laundry, clean his home, and complete his own self-care." Patient also mentions "it is more difficult to fall asleep without the medication in addition to function. Pain is about 5/10 today with an average of 6/10." Per 08/15/14 report, provider mentions that "patient reports ongoing constipation side effect with his regimen and is taking OTC Colace." Urine drug screen was obtained on 08/15/2014. In this case, reports show documentation of pain assessment but no before and after analgesia is provided. ADL's were mentioned. UDS was obtained. Other than these, the documentation lacks discussion regarding other opiates management issues such as CURES and behavioral issues. Outcomes measures are not documented as required by MTUS. Change in work status or return to work attributed to use of MSIR were not discussed. More importantly, the patient does not present with a specific diagnosis that warrants use of chronic opiates. There is no nociceptive pain, no neuropathic or chronic osteoarthritic condition for which chronic use of opiates may be supported. Recommendation is for denial.