

<b>Case Number:</b>	CM14-0077251		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/06/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 55 year-old male with date of injury 10/06/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/05/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed backward extension provoked L5-S1 and right sacroiliac joint pain. Muscle spasm measure 2+ bilaterally, aggravated by forward flexion. There was tenderness to palpation of the lumbar sacral junction. Diagnosis: 1. Two level degenerative changes at L4-5 and L5-S1 with bilateral neural foraminal stenosis 2. Chronic lower back pain 3. Left sided severe sacroiliac joint pain 4. Opiate management 5. Constipation 6. Depression 7. Radicular pain, lumbar. The medical records supplied for review document that the patient was first prescribed the following medication on 02/25/2013. Medications: 1. Xartemis ER 7.5mg 1-2tab, #120 SIG: two tabs per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xartemis ER 7.5mg 1-2tab #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. Xartemis ER is extremely potent opioid requiring close monitoring. The medical record does not include documentation of the monitoring protocol required by the MTUS.