

<b>Case Number:</b>	CM14-0099203		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/15/11 while working for [REDACTED]. He was seen on 05/21/14. He was having ongoing difficulty sleeping. He was requesting a prescription for Valium. He had a complaint of low back pain radiating into the left lower extremity rated at 5-6/10. Pain medications were providing 30% pain relief. Physical examination findings included a normal gait without assistive device. There was lumbar paraspinal and gluteus maximus tenderness with tenderness over the sacroiliac joints bilaterally. There was decreased left lower extremity sensation. Diagnoses were chronic pain syndrome, post laminectomy syndrome, lumbar spinal stenosis, lumbar degenerative disc degeneration, and chronic pain. MS Contin 15 mg 1-2 taken three times per day as needed #120, Percocet 10/325 mg four times per day #120, and Valium 5 mg at bedtime #30 were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MS Contin Prescribing Information

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. Medications include MS Contin taken 1-2 times per day and Percocet. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. Correct MS Contin dosing is regular administration at 2 or 8 hour intervals. It is not taken on an as needed basis. In this case, MS Contin is not being prescribed correctly and the average total MED (morphine equivalent dose) being prescribed is more than 300 mg per day. There are no unique features of this case that would support opioid dosing at this level and therefore MS Contin 15mg #90 is not considered medically necessary.