

<b>Case Number:</b>	CM14-0215213		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/26/2005
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old male with a date of injury of 02/26/2005. According to progress report dated 07/07/2014, the patient presents with low back pain that radiates into the bilateral lower legs with numbness and tingling into the legs and feet. The patient's current medication includes bupropion XL 150 mg, clonazepam 0.5 mg, duloxetine 30 mg, hydrocodone 10 mg/acetaminophen 325 mg, hydromorphone 4 mg, Lunesta 2 mg, Lyrica 200 mg, polyethylene glycol, Pristiq 100 mg and Soma 350 mg. The patient is status post anterior L4-L5 fusion and status post posterior lumbar fusion at L4-L5 with pedicle screw instrumentation from 2 years ago. The patient continues to have increasing pain. Examination revealed decrease in range of motion with noted pain. Ankle dorsiflex tibialis anterior strength is 4/5. Ankle reflex on the right and left are diminished, as well as the left and right knee reflex. The listed diagnoses are: 1. Spinal stenosis of lumbar region. 2. Lumbosacral radiculitis. This is a request for MS Contin 30 mg. The utilization review denied the request on 11/20/2014. Treatment reports from 05/19/2014 through 12/03/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of MS Contin 30mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** This patient presents with chronic low back pain that radiates to the lower extremity. The current request is for one prescription of MS Contin 30 mg #60 modified to one MS Contin 30 mg #48. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The progress reports provided for review do not discuss this medication. The utilization review indicates that the patient has been taking MS Contin since early September 2012. For weaning purposes, the utilization review modified the certification from the requested MS Contin #60 to MS Contin #48 with the remaining 12 pills noncertified. In this case, recommendation for further use of this medication cannot be supported as the treating physician has provided no discussion regarding functional improvement, changes in the ADLs or change in work status to show significant functional improvement. One urine toxicology screen was provided, which was dated 11/26/2013 with no further discussion of aberrant behaviors. There are no outcome measures provided to denote decrease in pain with utilizing chronic opioid. The 4As have not been documented as required by MTUS for opiate management. This request is not medically necessary.