

<b>Case Number:</b>	CM15-0118214		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/12/2000
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 42 year old male who sustained an industrial injury on 11/12/00. Initial complaints and diagnoses are not available. Treatments to date include exercise, 2 back surgeries, hardware removal, TENS unit, psychotherapy, biofeedback, chiropractic and acupuncture treatments, physical therapy, trigger point injections, cervical and lumbar epidural steroid injections, facet injections, steroid injections, electric scooter, walker, a single point cane, and medications. Current complaints include unspecified pain. Current diagnoses include lumbar radiculopathy and mood disorder. In a progress note dated 05/13/15 the treating provider reports the plan of care as continued medications including MSContin, Xanaflex, Valium, and Lyrica, and a urine drug screen next visit. The requested treatments include MSContin and a urine drug screen. The injured worker has been on MSContin since at least 05/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for MS Contin 60mg #90 with 1 refill: 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): 82-92.

**Decision rationale:** According to the guidelines, Morphine is not indicated 1st line for lumbar root pain, mechanical or compressive etiologies. In addition, the daily morphine equivalent dose should not exceed 120 mg. In this case, the claimant had exceeded the 120 mg daily limit. Pain reduction was only 2 points while on MSContin while it was a 4-5 point reduction 6 months ago- indicating decreased effectiveness. The continued use of MSContin is not medically necessary.

**One (1) urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. A drug screen in February was consistent with prescribe medications. Based on the above references and clinical history a urine toxicology screen is not medically necessary.