

<b>Case Number:</b>	CM15-0170576		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/24/2002
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 64 year old female, who sustained an industrial-work injury to the low back on 6-24-02. A review of the medical records indicates that the injured worker is undergoing treatment for chronic intractable pain, status post fusion 1-17-08, rule out pseudoarthrosis, spondylolisthesis, failed back syndrome, and sacroiliitis of the bilateral joints. Medical records date (1-14-15 to 7-23-15) indicate that the injured worker complains of back pain and bilateral hip pain. The pain is rated 2-6 out of 10 on the pain scale with medications and 10 out of 10 on pain scale without medications which has remained unchanged from previous visits. The medical records also indicate worsening of the activities of daily living related to pain. Per the treating physician report dated 1-14-15 the work status is as per previous permanent and stationary report. The physical exam dated from (1-14-15 to 7-23-15) reveals that there is tenderness and guarding in the lumbar paraspinal musculature, the lumbar range of motion is decreased due to pain, there is tenderness at the sacroiliac joints and over the sciatic nerves bilaterally. Treatment to date has included pain medication including MS Contin since at least 1-14-15, diagnostics, lumbar surgery in 2002 and 2005 and removal of hardware in 2006, physical therapy, aquatic therapy, activity modifications, pain management and other modalities. The treating physician indicates that the urine drug test result dated 8-25-15 was consistent with the medication prescribed. The original Utilization review dated 8-10-15 denied a request for MS Contin CR 30 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin CR 30 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Opioids, indicators for addiction, Oral morphine.

**Decision rationale:** Morphine is not 1st line for chronic back pain. The guidelines do not recommend exceeding 120 mg of Morphine equivalent daily. The claimant was prescribed MS Contin along with Opana in a dose exceeding the guidelines limit. Long-term use of opioids have not been studied and the claimant was on Morphine and equivalent for several months. There is continued and chronic use of Morphine at the dose above in combination with other medications. Therefore the request for MS Contin CR 30mg #60 is not medically necessary.