

<b>Case Number:</b>	CM15-0177401		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/09/2004
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female, who sustained an industrial injury on March 9, 2004. She reported bilateral head, bilateral anterior neck, bilateral lateral neck, bilateral posterior neck, bilateral shoulder, bilateral arms and bilateral upper back pain. The injured worker was diagnosed as having status post failed bilateral carpal tunnel surgeries and anterior cervical decompression and fusion, cervical radiculopathy, myalgia, chronic pain, degeneration of the cervical intervertebral discs, dizziness and giddiness, back problem, cervical post laminectomy syndrome, headache, spasm, myositis, pain in the limbs, brachial radiculitis, tinnitus, carpal tunnel syndrome, dysthymia, low back pain, neuralgia, heartburn and neck pain. Treatment to date has included diagnostic studies, surgical interventions of the cervical spine and bilateral wrists, medication and work restrictions. Currently, the injured worker continues to report bilateral head, bilateral anterior neck, bilateral lateral neck, bilateral posterior neck, bilateral shoulder, bilateral arms and bilateral upper back pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on March 24, 2015, revealed continued pain as noted. She rated her pain without medications at 10, pain with medications at 2 and pain on average at 8 on a 1-10 scale with 10 being the worst. It was noted with medications she could perform simple chores around the house and minimal activities outside 2 days per week. It was noted without medications she would stay in bed at least one half of the day and have no contact with the outside world. Evaluation on August 18, 2015, revealed continued pain at noted. She noted the medications continued to reduce her pain from 8-10 to 2-3 on a 1-10 scale with 10 being the worst. It was

noted Methadone was discussed as an option secondary to the medications being noted as cheaper than MS Contin. The RFA included a request for MS Contin 30 mg #60 and was modified on the utilization review (UR) on September 3, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS Contin 30 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in March 2004 and continues to be treated for neck pain. She has a history of bilateral carpal tunnel release surgeries and an anterior cervical decompression and fusion which was done in 2006 and reports the surgeries as failures. Medications are referenced as decreasing pain from 10/10 to 3/10 and enabling her to perform household activities. When seen, her BMI was over 33. There was decreased and painful cervical spine range of motion with moderate crepitus. There were cervical, trapezius, and levator scapular trigger points. Medications were refilled including MS Contin and Norco being prescribed at a total MED (morphine equivalent dose) of 110 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing significantly decreased pain with improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.