

<b>Case Number:</b>	CM15-0178268		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 55 year old female, who sustained an industrial-work injury on 4-14-10. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, cervical disc degeneration, lumbago, chronic pain syndrome, other pain disorder related to psychological factors, and encounter for long term use of other medications. Medical records dated (7-20-15 to 8-21-15) indicate that the injured worker complains of ongoing low back and left sciatic and left buttocks pain with exacerbation of neck and right arm pain and paresthasias with remaining left hip pain. The pain is rated 1-4 out of 10 on the pain scale. The medical records also indicate improvement of the activities of daily living and functionality with use of medications and ability to engage in social activity and go to the gym and walking in the pool for 30 minutes daily. Per the treating physician report dated 8-21-15 the injured worker has not returned to work. The physical exam dated from (7-20-15 to 8-21-15) reveals tenderness over the left greater trochanteric bursa and ischial tuberosity reproducing pain. Plan was to discontinue Butrans patch due to severe rash and add MS Contin. Treatment to date has included pain medication, MS Contin since at least 8-21-15, status post knee arthroscopy dated 8-22-13, roho pillow, lumbar epidural steroid injection (ESI) 11-21-14 with resolution of leg pain but has intermittent hamstring spasm, rest, ice, elevation of the right knee, leg brace, cervical epidural steroid injection (ESI) dated 10-10-14 with 100 percent pain resolution status post shoulder surgery, Transcutaneous electrical nerve stimulation (TENS), trochanteric bursa injection which drove pain level to 0, bracing, psyche care, Cognitive Behavioral Therapy (CBT) sessions and other modalities. The treating physician indicates that the urine drug test is on file and "shows

no aberrant behavior." The physician also indicates that there is a pain contract signed as of January 2013 by the injured worker. The request for authorization date was 8-24-15 and requested service included MS Contin 15mg #60. The original Utilization review dated 8-27-15 non-certified the request as there is no objective evidence of functional benefit from opioid medication.

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

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

**MS Contin 15mg #60:** Upheld

**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): Oral morphine.

**Decision rationale:** Morphine is not considered a 1st line for chronic pain. In this case, the claimant was on Oxycodone and Butrans in the prior months. Pain scores were not routinely noted. The request for MSContin over other analgesics including Tylenol or NSAIDS was not justified. Escalation of dose was not noted. MSContin as prescribed is not medically necessary.