

<b>Case Number:</b>	CM15-0178273		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/14/2015
<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 57-year-old female who sustained an industrial injury on February 14, 2003. A primary treating office visit dated August 10, 2015 reported subjective complaint of lower backache and left knee pain. Her quality of sleep is poor. Current medication regimen consisted of Tizanidine, Senna, Colace, Cymbalta, and MS Contin 15mg and 30mg, Omeprazole, Zofran, Tegaderm, Oxycodone, Amitiza, Valium, and Neurontin. The following diagnoses were applied this visit: pain disorder with both psychological factors and an orthopedic condition; extremity pain; sacroiliac pain; shoulder pain; spinal lumbar degenerative disc disease; low back pain; spasm of muscle and radiculopathy. The plan of care noted involving: motorized scooter. Medication Gabapentin noted discontinued due to side effects of weight gain and suicidal thoughts. There is note of trial of Lyrica, and continue all current medications. Orthopedic follow up dated June 22, 2015 reported current medications consisted of: Omeprazole, Morphine Sulphate, Amitiza, Gabapentin, Tizanidine, Senna, Oxycodone and Cymbalta. Primary follow up dated April 20, 2015 reported unchanged subjective complaints. Current medication regimen consisted of Tizanidine, Senna, Colace, Cymbalta, MS Contin 15mg, and 30, mg, Omeprazole, Neurontin, Zofran, Oxycodone, Amitiza, Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg ER Qty: 90: 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:** In this case, the claimant was on MS contin in 2 doses along with Oxycodone for several months. Pain scores fluctuated. There was no mention of weaning or Tricyclic failure. MS contin is not indicated as 1st line for back pain. Long-term use has not been studied. The total opioid dose exceeds the 120 mg Morphine equivalent recommended by the guidelines. Continued use of MS Contin 15 mg as above is not medically necessary.