

<b>Case Number:</b>	CM15-0064652		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	02/15/1991
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 was a 58 year old female, who sustained an industrial injury, February 15, 1991. The injured worker received the following treatments in the past Duragesic Patches, MRIS, physical therapy, Sennosides, Ibuprofen, Skelaxin, Cymbalta, Soma and laboratory studies. The injured worker was diagnosed with lumbar postlaminectomy syndrome and chronic opioid tolerance/dependence. According to progress note of March 12, 2015, the injured workers chief complaint was low back pain. The injured worker described the pain as aching, sharp, burning pain that extended across the lower back and down the right leg into the foot. The inured worker's pain was 75% in the back and 25% in the right leg. The injured worker was complaining of leg weakness secondary to pain. The injured worker ambulated with a cane. The injured workers current medications were Duragesic, MSIR and Soma. The physical exam noted the injured worker's gait stiff and slow. Toe to heel standing intact. Lumbar extension limited to 5 degrees. Palpation of the back noted diffuse mild tenderness in the midline and paraspinous regions as well as the gluteal regions. The treatment plan included prescription for MSIR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of MSIR 30mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

**Decision rationale:** According to the cited guidelines, recommended upper dosing limit for opioid is 120 MED. The patient is currently taking well beyond this level and while the record does say that the patient does better with opioids, there is no mention of abuse, diversion, tolerance or screening for side effects. Considering the exceedingly high dose of current opioid prescription and associated safety concerns, the requested medication is not medically necessary and appropriate.