

<b>Case Number:</b>	CM15-0065991		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/22/1995
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69 year old male who sustained an industrial injury on 11/22/1995. Diagnoses include failed neck surgery syndrome, cervicogenic headache, osteoarthritis, fibromyalgia, myofascial spasm, daily headache-non-industrial, and myofascial spasm, failed lumbar surgery syndrome-non industrial and medical comorbidities. Treatment to date has included diagnostic testing, medications, radiofrequency ablation, and injections. A physician progress note dated 03/13/2015 documents the injured worker his neck pain has improved about 50% since getting shots. His functionality has also improved. He is able to sit longer, and stand longer and walk okay now since the injections. He is pending dental issues. He is stable with medications. Treatment requested is for MS Contin 30mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** The 69 year old patient presents with neck pain. The request is for Ms Contin 30mg #60. The provided RFA is dated 03/24/15 and the patient's date of injury is 11/22/95. Diagnoses include failed neck surgery syndrome, cervicogenic headache, osteoarthritis, fibromyalgia, myofascial spasm, daily headache-non-industrial, and myofascial spasm, failed lumbar surgery syndrome-non industrial and medical comorbidities. Treatment to date has included diagnostic testing, medications, radiofrequency ablation, and injections. Current medications include MC Contin and Dilaudid. The patient is disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MS Contin was prescribed to the patient at least since 03/10/14, per provided medical reports. Per 03/13/15 report, treater states, "From an analgesic standpoint, he continues his medication with no adverse side effects. Urine drug test from 02/10/15 is consistent and his CURES is also consistent." "The patient is able to sit and stand longer and he is able to walk okay. His pain relief decreased significantly so he can function and improve his quality of life." The use of opiates require detailed documentation regarding pain and function as required by MTUS. In this case, the 4A's that are addressed include adverse reactions, aberrant behavior and ADL's, but there are no specific discussions regarding analgesia. There are no pain scales or validated instruments addressing analgesia. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.