

<b>Case Number:</b>	CM15-0070492		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	02/28/2006
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 45 year old male, who sustained an industrial injury on February 28, 2006. He reported low back pain. The injured worker was diagnosed as having status post lumbar fusion lumbar 4-sacral 1, lumbar radiculopathy, lumbar 3-lumbar 4 lumbar disc degeneration/annular tear. Diagnostics to date has included MRIs, CT, x-rays, electrodiagnostic studies, diagnostic thermography, and urine drug screening. Treatment to date has included a back brace, and electrical stimulation unit, physical therapy, hardware block, medial branch block, a single point cane, and short-acting and long acting opioid, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory medications. On February 17, 2015, the injured worker complains of ongoing headaches, neck, bilateral upper extremities, upper back, mid back, low back, and bilateral lower extremities pain. His pain is rated 8/10 and it decreases to 5/10 with his current medications. He reports improved ability to tolerate activity improved level of function, and he is able to care for himself, his family, and home with medications. The physical exam revealed significant guarding of the cervical spine with restricted and painful movement in all planes. There was significant cervical spine pain in any position. The lumbar spine range of motion was limited due to pain. The lumbar paraspinal muscles were tenderness to palpation. The treatment plan includes continuing his current long acting opioid medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** According to the guidelines, Morphine is not indicated for lumbar root pain. In this case, the claimant has been on opioids for years and MC Contin for at least 8 months in combination with Oxycodone and previously Tramadol and Norco. There is no indication of improvement in pain or function over time. Long-term use can lead to addiction and tolerance. In addition, the claimant was on a combined dose of opioids that exceeded 120 mg of Morphine which exceeds the guideline recommendations. The continued use of MS Contin is not medically necessary.