

<b>Case Number:</b>	CM13-0055442		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 51 year old male with complaints of neck pain and arm pain. The date of injury is 10/21/07 and the mechanism of injury is not elicited. At the time of request for mscontin 30mg three times per day #90, there is subjective (neck, bilateral upper extremity pain) and objective (moderate distress, moderate restriction of range of motion neck and low back, spinal vertebral tenderness lumbar and cervical spine) findings, imaging findings (none submitted), diagnoses (Cervical radiculopathy, Cervical failed surgery syndrome, chronic pain), and treatment to date (medications, therapy). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Although the medical records provided do support/supply this information, it is documented by the pain specialist that there is minimal to no significant analgesic benefit to the current pharmacologic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 30MG TABLET, TAKE THREE (3) TIMES PER DAY FOR PAIN, #90:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Although the medical records provided do support/supply this information, it is documented by the pain specialist that there is minimal to no significant analgesic benefit to the current pharmacologic treatment, MS Contin inclusive. Therefore, the request for MS Contin 30mg is not medically necessary.