

<b>Case Number:</b>	CM14-0154875		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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

### 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 63-year-old male with a reported date of injury on 01/14/2004. The mechanism of injury was noted to be a motor vehicle accident with a drunk driver. His diagnoses were noted to include left sacroiliac joint pain, sacroiliac joint arthropathy, central disc protrusion at L3-4, right paracentral disc protrusion at L4-5, lumbar facet joint arthropathy, lumbar degenerative disc disease, cervical facet joint arthropathy, and cervical degenerative disc disease. His previous treatments were noted to include surgery, treatment for opioid abuse, medications, and physical therapy. The progress note dated 08/12/2014 revealed complaints of bilateral low back pain that radiated to the buttock. The injured worker indicated there was a change in his condition as he had developed new left lower extremity weakness with new left foot drop. The physical examination to the lumbar spine noted tenderness upon palpation to the lumbar paraspinal muscles and left sacroiliac joint sulcus. The muscle girth was symmetric in all limbs. The bilateral lower extremities range of motion was restricted by pain in all directions. The lumbar range of motion was restricted by pain in all directions. Lumbar flexion was worse than lumbar extension and sustained hip flexion was positive bilaterally. Gaenslen's, Patrick's maneuver, Yeoman's, pressure of the sacral sulcus, and shear were positive on the left and negative on the right. Muscle strength was rated 5/5 in all limbs, except for 3/5 to the left tibialis anterior strength and 4/5 left gastrocnemius strength. The provider indicated the MSIR 30 mg 1 tablet 4 times a day as needed for severe pain provided 40% decrease of the pain and 40% improvement with activities of daily living such as self care and dressing. The provider indicated the injured worker's Oswestry Disability Index score was 38 without the use of MSIR and the injured worker was an up to date pain contract and the previous urine drug screen was consistent. The medication had no adverse effects on the injured worker and the injured worker showed no aberrant behavior with the medications. The provider indicated the MSER 60 mg 1 tablet 3 times a day provided 60% decrease of the injured worker's pain with 60% improvement

of the injured worker's activities of daily living such as self care and dressing. The injured worker's Oswestry Disability Index score was 30 with the use of MSER while the Oswestry Disability Index was 38 without the use of MSER. The injured worker was on an up to date contract and the previous urine drug screen was consistent. The medication had no adverse effects on the injured worker and there was aberrant behavior noted. The progress note dated 09/07/2014 revealed complaints of low back pain that radiated to the buttock rated 7/10 and the previous urine drug screen performed 07/09/2014 was consistent with medications. The physical examination to the lumbar spine revealed tenderness upon palpation of the lumbar paraspinal muscles and the left sacroiliac joint sulcus. The bilateral lower extremities range of motion were restricted by pain in all directions and the lumbar range of motion was restricted by pain. The Gaenslen's, Patrick maneuver, Yeoman's, pressure at the sacral sulcus, and shear were positive on the left and negative on the right. Muscle strength was rated 5/5 in all limbs except for 2/5 to the left tibialis anterior strength and 4/5 to the left gastroc soleus strength. The request for authorization form dated 09/01/2014 was for MSIR 1 tablet 4 times a day as needed for severe pain and MSER 60 mg 1 tablet 3 times a day #45; however, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MSIR 15MG QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for MSIR 15 mg QTY: 60 is not medically necessary. The injured worker has been utilizing this medication since at least 2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the "4 As" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated with the MSIR he received 40% improvement of pain and 40% improvement of activities of daily living such as self care and dressing. The injured worker indicated there were no adverse effects and the urine drug screen performed 07/2014 was consistent with therapy. The injured worker has been utilizing this medication for over a year and the guidelines do not support long term use of this medication. Additionally, the request failed to provide the frequency at which his medication is to be utilized. Therefore, the request is not medically necessary.

**MSER 60MG QTY: 45.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78.

**Decision rationale:** The request for MSER 60 MG QTY: 45 is not medically necessary. The injured worker has been utilizing this medication since at least 2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the "4 As" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated with the MSER he received 40% improvement of pain and 40% improvement of activities of daily living such as self care and dressing. The injured worker indicated there were no adverse effects and the urine drug screen performed 07/2014 was consistent with therapy. The injured worker has been utilizing this medication for over a year and the guidelines do not support long term use of this medication. Additionally, the request failed to provide the frequency at which his medication is to be utilized. Therefore, the request is not medically necessary.