

Case Number:	CM13-0025213		
Date Assigned:	12/11/2013	Date of Injury:	10/04/2000
Decision Date:	02/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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.

CLINICAL CASE SUMMARY

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

Male claimant sustained an injury in 10/4/2000 that resulted in chronic mechanical back pain. Since November 2012 the claimant has been taking MSCONTIN and MS IR for pain relief. A request for continuation on MSCONTIN 100 mg qid #448 and MSIR 30 mg bid # 224 was made in August 2013. The request for continuation was made due to reduction of pain from 10/10 to 2/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

Decision rationale: According to the MTUS guidelines: Opioids are rarely beneficial. For Mechanical and compressive etiologies. Current studies suggest that the "upper limit of normal" for opioids prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning, is in a range from 120-180 mg morphine equivalents a day. In this case the dose provided exceeded the recommended daily equivalent of morphine and was not requested by a pain specialist. As a result it is not medically necessary.

MSIR 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 81.

Decision rationale: According to the MTUS guidelines: Opioids are rarely beneficial. For Mechanical and compressive etiologies. Current studies suggest that the "upper limit of normal" for opioids prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning, is in a range from 120-180 mg morphine equivalents a day. In this case the dose provided combined with the controlled release dose exceeds the recommended daily equivalent of morphine and was not requested by a pain specialist. As a result it is not medically necessary.