

Case Number:	CM13-0027844		
Date Assigned:	06/09/2014	Date of Injury:	08/05/2003
Decision Date:	07/30/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Medicine and is licensed to practice in New Jersey. 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:

The worker is a 50 year old male who was injured on 8/5/2003. He was diagnosed with lumbar spondylosis and lumbago and later he was diagnosed with postlaminectomy surgery syndrome and lumbar psuedoarthrosis. He was treated with conservative treatments including oral medications and later steroid and nerve block injections and surgery (lumbar). He also developed neck and midback pain. He was seen by his pain specialist on 7/30/13 complaining of neck and midback pain rated at a 3-7/10 on the pain scale with lower extremity numbness, tingling, and pain to both feet. He had been attending a testosterone clinic (history of low testosterone) which he reported had helped him gain more energy. He reported taking MSIR 15 mg three times daily, Soma, Lyrica, Savella, Senna, and MS Contin 30 mg five daily, which collectively helped reduce his pain on average from 8/10 to 5/10 on the pain scale. The worker was told that weaning down on the opioids would begin on the next visit. On 8/13/13 the worker was then recommended to reduce his MS Contin use to 30 mg four times per day. Previous use of the then current medications, but with less daily frequency (three MS Contin per day) the worker was able to report a decrease in pain to 2-3/10 on the pain scale (from 1/15/13).

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg: 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): 78-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. It appears that the worker's pain specialist has the intention to wean down on the opioid medications (MS Contin specifically) but not at the 7/30/13 date for some reason when weaning was discussed. Also it is not clear which number of pills was requested on this date. Assuming it was for the worker to take 30 mg of MS Contin 5 times daily, this amount is unnecessary, and weaning could have begun starting on 7/30/13. Without a clear reason to delay weaning, this particular request for MS Contin 30 mg is not medically necessary.