

Case Number:	CM13-0037972		
Date Assigned:	12/18/2013	Date of Injury:	03/14/2008
Decision Date:	03/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in 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 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. 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 claimant is a 46 year old male presenting with chronic low back pain following a work related injury on 3/14/2018. The claimant is status post anterior interbody fusion at L4-5 and L5-S1 levels. The claimant presented on 08/20/2012 with constant, aching back pain associated with numbness. The pain was reported as worse with walking and better with medications and laying down. He reported that the medications relieved 30% of the pain. The physical exam was significant for 4/5 strength in bilateral ankle dorsiflexion, decreased sensation in the bilateral L5 distribution in the lower extremities, a left antalgic gait and palpable tenderness within the left paravertebral muscles. The claimant was treated with Lyrica, Cymbalta and Celebrex as well as several opiate medications. The claimant was diagnosed with Post-laminectomy pain syndrome and Lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of MS Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Prospective request for 1 prescription of MS Contin 60mg is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant off opioids with a short course of short acting opiates.