

Case Number:	CM14-0004982		
Date Assigned:	01/24/2014	Date of Injury:	09/03/2003
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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 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 patient is a 51-year-old male who has filed a claim for lumbar disc protrusion and lumbar stenosis associated with an industrial injury date of September 03, 2003. Review of progress notes indicates low back pain radiating to the buttocks, with numbness of bilateral lower extremities. Findings include tenderness of the lumbar region, decreased range of motion due to pain, positive lumbar discogenic maneuvers, positive bilateral straight leg raise, and slightly decreased bilateral tibialis anterior motor strength. Urine drug screen testing from August 2013 tested positive for marijuana and unprescribed methadone. Patient has a history of heroin addiction, and long-term use and abuse of opiate medications from utilization of multiple pain management physicians at the same time. Lumbar MRI, dated November 07, 2003, showed right paramedian disc protrusion with mild displacement of the L5 nerve root at L4-5, and severe right L4 foraminal stenosis and facet arthropathy. Treatment to date has included opioids, Soma, trazodone, and lumbar epidural steroid injection. Patient has had left ankle surgery, and arthroscopic surgery to the left shoulder in May 2004. Current pain medications include Norco 10/325mg every 4 hours as needed for pain, Soma 350mg three times a day as needed for spasms, and MS Contin 60mg three times a day. Utilization review from December 28, 2013 denied the request for MS Contin 60mg one tablet by mouth three times a day #90 with 0 refills as several previous utilization review determinations recommended weaning, and no evidence was documented since the last partial certification. Also, previous urine drug screen test was inconsistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60 MG ONE TABLET BY MOUTH THREE TIMES A DAY, QUANTITY #90 WITH 0 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since November 2012. Progress note indicates that this medication provides 50% improvement of the patient's pain with maintenance of activities of daily living. Urine drug screen dated August 2013 showed presence of marijuana and unprescribed methadone, in addition to prescribed opiates (morphine and Hydrocodone). However, subsequent urine drug screens revealed consistent results with the prescribed medications as noted in progress reports. Pain contract was likewise renewed. The guideline criteria were met. Therefore, the request for MS Contin 60mg #90 is medically necessary per the guideline recommendations of Chronic Pain Medical Treatment Guidelines.