

Case Number:	CM14-0007210		
Date Assigned:	02/07/2014	Date of Injury:	09/08/2003
Decision Date:	07/17/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/20/2014

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 Internal Medicine has a subspecialty 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:

This is a 63-year-old male patient with a 9/8/03 date of injury. He injured himself when he fell off scaffolding and landed on his left knee. A 4/16/14 progress report indicated that the patient complained of lower back pain and left knee pain. He reported that there was no change in pain level or pain location since last visit. Objective findings revealed restricted range of motion. Lumbar facet loading is positive in both sides. Left knee range of motion was also restricted with pain. There was tenderness in the lateral joint line. A urine drug screen test was done almost 4 times since 2012, and results were consistent for opiates. The patient was taking opiates since at least April of 2012. Pain level decreased from 8/10 to 1/10 with the use of opiates. He signed a pain contract. The patient started to take MS Contin on 4/25/13. He started with 15 mg, and then increased to 60 mg 1 tablet 4 times a day. He also was taking Norco. He was diagnosed with lumbar radiculopathy, spinal lumbar degenerative disc disease. Treatment to date has included medication management and a transforaminal epidural steroid injection (TFESI) (8/20/13). There is documentation of a previous 12/26/13 adverse determination was modified to MS Contin #30 between 12/18/13 and 2/21/14, based on the fact that the patient was taking a dosage of Opiates that surpassed the maximum recommended dosage of 120 mg per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR MS CONTIN 60MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient had positive pain relief from MS Contin. If the patient is taking 60 mg of MSContin 4 times a day, the MED is 240, and he is noted to also be taking Norco. The guidelines do not support a MED above 200 due to concerns regarding respiratory depression and sedation at high opiate doses. The UR decision modified the request to certify 30 tablets to initiate tapering. Therefore, the request, as submitted, for 1 PRESCRIPTION FOR MS CONTIN 60MG #120, was not medically necessary.