

Case Number:	CM14-0106704		
Date Assigned:	07/30/2014	Date of Injury:	08/09/2005
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported an injury on 08/09/2005. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar spondylolisthesis, status post fusion and postoperative regional pain syndrome. Past medical treatment consists of surgery, physical therapy, the use of a TENS unit and medication therapy. There was no mention of any current medication submitted in review. On 09/22/2010, the injured worker underwent an MRI of the lumbar spine. The injured worker underwent lumbar spinal fusion. On 06/16/2014, the injured worker complained of mid-back and low back pain. Also mentioned that they had pain in the lower extremities. Physical examination revealed the thoracic spine had 1 to 2+ tenderness and muscle guarding bilaterally along the paravertebral and lower trapezius muscles. Examination of the lumbar spine revealed 1 to 2+ tenderness and muscle guarding bilaterally along the paraspinals, sacrospinals, gluteal, and S1 joints, decreased range of motion with 1 to 2+ tenderness along the T8 to T12 and L1 to L5 spinal regions. Range of motion of the lumbar spine revealed a flexion of 35 degrees, extension of 15 degrees, right lateral flexion of 15 degrees, left lateral flexion to 15 degrees, right rotation of 30 degrees, and left rotation of 30 degrees. The treatment plan is for the injured worker to continue the use of MS Contin. The rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90 x1 refill, wean to discontinue over 2-3 months (reduce 10-20% week):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Morphine sulfate, MS Contin) Page(s): 78, 93.

Decision rationale: The request for MS Contin 30 mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and any side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, and/or quality of life. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report lacked any evidence as to how long the medication had worked for the injured worker and if it had helped with any functional deficits. The MTUS Guidelines also state that there is to be the use of drug screens or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report included a drug urinalysis that was dated 10/30/2013, showing that the injured worker was in compliance with her prescriptions and with MTUS Guidelines. However, there was no indication of the efficacy of the medication. Furthermore, there are virtually no studies of opioids for treatment for chronic low back pain with a result of neuropathy. Given that the request did not specify a frequency in the request and guideline criteria was not met, the request for MS Contin is not medically necessary.