MAXIMUS Federal Services

Case Number:	CM14-0106753		
Date Assigned:	07/30/2014	Date of Injury:	04/17/1998
Decision Date:	12/24/2014	UR Denial Date:	06/28/2014
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 Family Medicine and is licensed to practice in North Carolina. 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 54 year old male sustained an injury to his lower back on April 17, 1998. Diagnoses include post lumbar laminectomy syndrome, spinal f/Lumbar degenerative disc disease, low back pain, L4-S1 fusion, status post hardware removal, cervical pain, lumbar radiculopathy, disc disorder lumbar and lumbosacral disc degeneration. In progress report dated February 24, 2014, the injured worker complained of back pain radiating from the lower back down the right leg. Range of motion in the lumbar spine was restricted with flexion limited to 55 degrees limited by pain and extension limited to 5 degrees limited by pain. Tenderness was noted to the paravertebral muscles in the right side. With medication, he stated that his pain is decreased 50% for 2-3 hours. Functionally with the medication he can sit for 30-45 minutes versus 10-15 minutes with it. He can stand for 30-60 minutes with the medication and only 15-25 minutes without. He also felt he can walk 20-25 minutes with medicaiton and 10-15 minutes without. A request was made for MS Contin 60 mg Er #90 and Oxycodone Hcl 15 mg #90. On June 28, 2014, utilization review denied the request for MS Contin 60 mg Er #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 60mg tablet #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-84.

Decision rationale: The long-term us of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication. The most recent progress reports provided for review dated 06/11/2014 indicate the patient reports the medications being less effective. There is no reported improvement in VAS pain scores with the medication. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary.