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| Case Number: | CM14-0011406 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 07/19/1999 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/28/2014 |

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 Anesthesiology has a subspecialty in Pain Management 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:

Patient is a 50-year-old male who has submitted a claim for lumbar radiculopathy, failed back surgery, and ventral hernia associated with an industrial injury date of 07/19/1999. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, graded 7/10 in severity. Pain was described as sharp, dull, aching, shooting, burning, with numbness, weakness, and spasm. Aggravating factors included prolonged sitting, standing, and walking. Alleviating factors included heat application, lying down, and intake of medication. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Straight leg raise test was normal. Motor exam at left lower extremity was graded 3+ to 4+/5. Reflexes were graded 1+ at left leg. Gait was antalgic. Sensation was diminished at bilateral lower extremities. Treatment to date has included lumbar fusion surgery, home exercise program, and medications such as MS Contin, Norco, Soma, trazodone, Zanaflex, sertraline, Tricor, lisinopril, and Simcor. Utilization review from 01/10/2014 denied the request for MS Contin 200 mg, #160, as an outpatient for low back pain because of no discussion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 200 MG #160, AS AN OUTPATIENT FOR LOW BACK PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since January 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for MS Contin 200 mg #160, as an outpatient for low back pain is not medically necessary.