

Case Number:	CM14-0015603		
Date Assigned:	02/28/2014	Date of Injury:	04/17/1998
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 & Rehabilitation 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 53 year-old male with a 4/17/1998 date of injury. He has been diagnosed with low back pain; lumbar degenerative disc disease; lumbar post laminectomy syndrome with L4-S1 fusion with hardware removal on 8/10/04; and cervical pain. According to the 1/20/14 family med/pain management report from [REDACTED], the patient presents with back pain radiating down the right leg. He is frustrated with medication denials. On 1/6/14 [REDACTED] states the patient was not able to taper Oxycodone down to TID from QID. The OxyContin was denied, and he was only able to pay out-of-pocket for #28 tablets. The medications were reported to decrease his pain by 50% for 2-3 hours, and functionally he can sit from 30-45 minutes vs 10-15 minutes without meds. He can stand for 30-60 minutes with medications and 15-25 minutes without. On 1/6/14, he was given a trial of MS Contin 60mg TID, in place of the denied OxyContin. On 1/20/14 the patient reports an increase in pain levels, and says the MS Contin was not effective. He increased his dose to QID a week ago and states it is not as effective as the OxyContin. The physician wanted to continue with the increased dose of MS Contin to QID. By 1/27/14 the patient states the MS Contin does help with his pain, but not as well as the OxyContin, and he does have a bloated feeling when he takes it. He wanted to continue MS Contin until his court date in March. On 1/27/14 a UR denied the MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60MG, #20 (TRIAL TO INCREASE): Overturned

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 Pain Outcomes and Endpoints Page(s): 8-9, 88-89.

Decision rationale: The MTUS Chronic Pain Guidelines requires treatment of pain throughout the duration of the chronic pain condition. The MTUS Chronic Pain Guidelines states “When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. “ The physician has reported 50% reduction in pain, and increased function with sitting, and standing with use of MS Contin. This is a satisfactory response. MTUS Chronic Pain Guidelines does not require weaning to discontinuing treatment that is producing a satisfactory response on chronic pain. The request is in accordance with the MTUS Chronic Pain Guidelines. The request is medically necessary and appropriate.