

Case Number:	CM14-0016275		
Date Assigned:	04/11/2014	Date of Injury:	09/21/1992
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 54-year-old male with date of injury of 09/21/1992. The listed diagnosis per [REDACTED] dated 12/06/2013 are: 1. Degenerative disk disease of the lumbar spine. 2. Myalgia and myositis, unspecified. 3. Failed back surgery syndrome of the lumbar spine. 4. COAT. 5. Post laminectomy syndrome of the cervical region. 6. Radiculopathy, thoracic or lumbosacral. 7. Squamous cell carcinoma, unspecified. According to the report, the patient presents with chronic low back pain and buttock pain. He states the pain radiates to the left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh, and right thigh. The patient describes the pain as achy, burning, deep, discomforting, numbing, piercing, sharp shooting, stabbing, and throbbing. His current medications include Dilaudid, diazepam, MS Contin, oxycodone HCL, and albuterol. The examination shows active range of motion of the cervical spine is painful and diminished. The patient is alert and oriented. Sensory and motor examination is intact. The Utilization Review denied the request on 01/17/2014. The treater is requesting a refill for MS Contin 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 100MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with chronic low back and buttock pain radiating to the bilateral lower extremities. The treater is requesting a refill for MS Contin 100 mg. The Utilization Review dated 03/14/2014 partially authorized a refill for MS Contin for the possibility of weaning the patient off the medication. For chronic opiate use, MTUS Guidelines requires specific documentation regarding pain and function. Page 78 of MTUS require "pain assessment" that require "current pain, the least reported pain over the periods since last assessment, average pain,intensity of pain after taking the opioid, how long it takes for pain relief,and how long pain relief last. Furthermore, "the 4As for ongoing monitoring" are required which includes analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The report dated 12/06/2013 shows that the patient's pain level without medication is at 10/10 and with medication at 5/10. The report further notes that with medications the patient does struggle, but is still able to fulfill his daily home responsibilities. Without medications, he is only able to perform minimal activities at home and needs the assistance of friends. In addition, the urine drug screen dated 11/04/2013 is consistent with prescribed medications. However, the review of the reports also show that the patient is certainly over the 120mg morphine equivalent recommended by MTUS guidelines. The patient is on Dilaudid, MS contin as well as Oxycodone. The treater does not discuss "outcome measures" or the Pain Assessment as required by MTUS. The patient's functional improvement is also minimal or modest at best considering the amount of medications used. MTUS does not support long-term use of opiates for chronic low back pain and recommends less than 120mg morphine dose if it is used. The request is not medically necessary and appropriate.