

Case Number:	CM14-0113214		
Date Assigned:	08/01/2014	Date of Injury:	03/24/2002
Decision Date:	10/01/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/16/2014

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 Illinois. 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 48 year old female with a reported date of injury on 03/14/2002. The mechanism of injury was reported as a fall. The diagnoses included lumbosacral radiculopathy, common migraine, and low back pain. The past treatments consisted of pain medication, physical therapy, and surgery. There were no diagnostic reports provided for review. The surgical history included a lumbar fusion at L4-L5. On 06/10/2014, the subjective complaints were low back pain and headaches. The physical examination noted that the low back was tender at approximately L3-L4. The medications included MSContin 15mg twice a day, MSContin 100mg twice a day, MSContin 60 mg twice a day, Topamax 50mg twice a day and Lunesta 3mg every night. The treatment plan was to refill medications. The rationale was to relieve pain. The request for authorization form was dated 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60 MG, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, ; Opioids, dosing Page(s): 78,86.

Decision rationale: The request for MSContin 60mg #30 is not medically necessary. The California MTUS Guidelines state there are four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker underwent lumbar fusion surgery on 06/10/2014 and has chronic back pain. The notes indicate that the injured worker has been on MSContin since at least 02/11/2014. Additionally, the injured worker has a morphine equivalent dose of 350mg per day which exceeds the recommended maximum amount of 120mg per day. There is a lack of documentation regarding quantified pain relief, side effects, physical and psychosocial functioning. Additionally the request as submitted does not provide a medication frequency. As adequate documentation was not submitted of quantified pain relief, side effects, and objective functional improvements, the request is not supported. As such, the request is not medically necessary.

MS CONTIN 15 MG, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing, Page(s): 78,86.

Decision rationale: The request for MSContin 15mg # 30 is not medically necessary. The California MTUS guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker underwent lumbar fusion surgery on 06/10/2014 and has chronic back pain. The notes indicate that the injured worker has been on MSContin since at least 02/11/2014. Additionally, the injured worker has a morphine equivalent dose of 350mg per day which exceeds the recommended maximum amount of 120mg per day. There is a lack of documentation regarding numerical pain relief, side effects, and physical and psychosocial functioning. Additionally, the request as submitted does not provide a medication frequency. As adequate documentation was not submitted of numerical pain relief, side effects, and physical and psychosocial functioning the request is not supported. As such, the request is not medically necessary.

MS CONTIN 100 MG, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 78,86.

Decision rationale: The request for MSContin 100 MG, # 30 is not medically necessary. The California MTUS guidelines state four domains that have been proposed as most relevant for

monitoring of chronic pain patients on opioids. These include pain relief, side effects, and physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker underwent lumbar fusion surgery on 06/10/2014 and has chronic back pain. The notes indicate that the injured worker has been on MSContin since at least 02/11/2014. Additionally the injured worker has a morphine equivalent dose of 350mg per day which exceeds the recommended maximum amount of 120mg per day. There is a lack of documentation regarding numerical pain relief, side effects, or physical and psychosocial functioning. Additionally the request as submitted does not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, and physical and psychosocial functioning, the request is not supported. As such, the request is not medically necessary.