

Case Number:	CM14-0120022		
Date Assigned:	08/06/2014	Date of Injury:	01/16/2007
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 29-year-old male who has submitted a claim for L5-S1 lumbar degenerative disc disease with disc protrusion, right lower extremity radicular symptoms, opioid dependency, associated with an industrial injury date of January 16, 2007. Medical records from 2014 were reviewed. The latest progress report, dated 07/28/2014, showed severe low back pain radiating primarily into the right buttock, right lateral thigh, and into both feet. Physical examination revealed ambulation without significant limp. There was lumbar paraspinous tenderness that extended into the right buttock. There was muscle spasm present on the lumbar area with restricted range of motion. There was positive straight leg raise on the right at 45 degrees. There was no muscle weakness. There was decreased sensation in the right L5 and S1 dermatomes. Treatment to date has included physical therapy, TENS, massage, chiropractic care, acupuncture, and medications such as MS Contin. The patient was approved for L5-S1 fusion on August 25, 2014. Utilization review from 07/24/2014 denied the request for the purchase of MS Contin 30mg QID #120 because the urine drug screen was inconsistent. It was positive for hydrocodone (also hydromorphone) which was not prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (Morphine Sulfate) Contin 30mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the earliest progress report citing use of MS Contin was not specified. Recent reports cited 40% improvement in pain and improvement in function with his current medication regimen. There was improved ability to participate in activities of daily living. There was no evidence of drug-seeking behavior at this time. The patient has signed an opioid contract and has remained compliant with those terms. The recent urine drug screen, dated 07/16/2014, showed consistent result with currently prescribed medication and its metabolites. Guideline criteria for continuing opioid management were met. Therefore, the request for MS (Morphine Sulfate) Contin 30 mg #120 is medically necessary.