MAXIMUS Federal Services

Case Number:	CM14-0138424		
Date Assigned:	09/05/2014	Date of Injury:	04/22/2002
Decision Date:	10/02/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old male with a work injury dated 4/22/02. The diagnoses include low back pain, lumbar spinal stenosis, lumbar radiculopathy, and history of lumbar fusion in 2004. Under consideration is a request for 1 prescription of MS Contin 15mg #60 (between 7 /1/2014 and 10/11/2014)There is a primary treating physician report dated 7/1/14 that states that he is doing poorly from a pain control perspective. He is followed for lumbar spine pain with diabetic neuropathy. His pain is of pain at 8/10 on the numerical pain scale. He feels Tramadol helps with his pain, but only to a limited extent. He had lumbar epidural steroid injection three weeks ago, with no relief of his pain. His legs feel weaker. He is ambulating with the use of a cane. He is able to ambulate only short distances before he has leg spasms and has to stop. No additional numbness or weakness. No bowel or bladder complaints. No medication side effects such as nausea. vomiting, pruritis or excessive sedation. He takes stool softeners and laxatives for constipation. The treatment plan was to start extended release Morphine.There is a 6/2/14 follow up document that states that the patient was seen in the past for a California Worker's Comp back surgery in his lumbar spine for low back injuries, continued pain in his low back, and radiating pain into his right leg. He had a two Level fusion in 2004 L3 to L5 with instrumentation and anterior interbody approach. He is now complaining of numbness and cramps down to his right foot. He is quite concerned. He on examination he is a pleasant middle aged man who has well-healed thoracic and lumbar incisions. The thoracic incision is nontender in his low back. He is tender to palpation particularly over the right sciatic notch; this was noted to be a positive Spurling's on the right. He has positive straight leg raising bilaterally at 65 degrees and some numbness over the right anterior thigh, which he states has been longstanding. No weakness in dorsi and plantarflexion, but some evidence of numbness over the plantar aspect of the right

footIntermittently and uses a cane to walk and states his walking tolerance is maybe 100 feet. He has no bowel or bladder issues. The provider is recommending an epidural steroid injection.

He is already on about 900 mg of Neurontin a day as well as Ultram 50 mg at least three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of MS Contin 15mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MD Contin, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: One prescription of MS Contin 15mg, #60 is not medically per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has been on long term opioids (Tramadol) and is not getting relief. Per documentation a previous review dated April 23, 2013 recommended weaning Tramadol . The MTUS guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. The documentation does not indicate significant functional improvement or pain relief from prior opioid therapy. The request for one prescription of MS Contin 15 mg #60 is not medically necessary.