

Case Number:	CM14-0153289		
Date Assigned:	09/23/2014	Date of Injury:	11/29/2012
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 33-year-old male with a date of injury of 11/29/12. The mechanism of injury occurred when he slipped and fell on his back. On 8/6/14, he stated taking 10-12 Norco a day and is out of his medication. The pain was 7-8/10 with Norco, and the little relief lasted only 1-2 hours. He is nauseated and Reglan was dispensed along with Duragesic patches, and the Norco was stopped. A urine drug screen (UDS) collected on 8/20/14 was inconsistent with medications prescribed. On 8/20/14 he stated the fentanyl patch (Duragesic) is not working and does not want to continue with it. He had low back pain with radiating symptoms to the buttocks. He had numbness in his left leg down to his ankle. He stated Norco did not help the pain and he was not able to tolerate oxycodone. The diagnostic findings stated "No significant changes". The diagnostic impression is low back pain, s/p L5-S1 global arthrodesis, L2-3 disc bulge, and peripheral neuropathy. Treatment to date: surgery, physical therapy, lumbar facet injection, lumbar MRI, medication management, EMG/NCV study. A UR decision dated 9/2/14 denied the request for Ms Contin 60mg. The Ms Contin was denied because there is no discussion of efficacy of opioids, or efforts to decrease or transition from opioids to non-opioid pain meds. A note dated 8/6/14 states he is taking 10-12 Norco daily, and is out of meds and having opioid withdrawal symptoms. The plan is to stop the Norco and start Ms Contin and Duragesic patches. The request is for Ms Contin 60mg #90. Based on the diagnosis and considering the patient is 4 months post-op, and the lack of documented functional improvement with ongoing use of oral opioids, and considering the lack of signed pain contract and considering other non-addictive meds likely to be efficacious in this clinical scenario, and considering the notes show evidence of opioid addiction and acceleration, according to MTUS the request is not medically necessary. Would, however, approve Detox Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg: Upheld

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 Opiates, Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. However, on 8/6/14 the patient stated he was taking 10-12 Norco per day with little pain relief and was out of his medications. On 8/20/14 he stated he did not like the Duragesic patches and did not want to continue with this medication. In addition, there is documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. On 8/20/14, a UDS was inconsistent with prescribed medications. There is no documentation of CURES Report or an opiate pain contract. In addition, there is no quantity requested. Therefore, the request for Ms Contin 60mg was not medically necessary.