

Case Number:	CM14-0153852		
Date Assigned:	09/23/2014	Date of Injury:	10/02/1993
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/20/2014

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 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 38-year-old female, who has submitted a claim for lumbago and right leg pain of unclear etiology associated with an industrial injury date of October 2, 1993. Medical records from 2014 were reviewed, which showed that the patient complained of low back and right leg pain. Physical examination showed, patient is able to flex her lumbar spine to 40 degrees, rotate 20 degrees to the left and 20 degrees to the right (range of motion limited by pain). There was mildly positive facet loading bilaterally. There was concordant pain with palpation of her bilateral low lumbar paravertebral musculature. Lower extremity exam revealed bilateral full range of motion with 5/5 motor testing and a normal sensory exam. Treatment to date has included MS Contin, Roxicodone, gabapentin, tizanidine, Zofran, pepcin, laxative, s/p left wrist ORIF - right tibia and fibula and oral surgeries. Utilization review from August 21, 2014 denied the request for roxicodone because there is no documentation supporting objective measures of functional improvement or measurable gains with opiate treatment. The request for MS Contin was also denied however, reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: As stated on pages 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, it does 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. In this case, patient was given MSContin to address her low back pain. However, given the 1993 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding endpoints of treatment or pain contract. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, a comprehensive evaluation for functional restoration program revealed that there was a 11 month CURES report however, it did not specify when was the latest CURES report or how was the monitoring of the opioid levels are. Likewise, the patient was also on Roxicodone, it is not clear why the patient needs to be on different opioids at this time. Therefore, the request for MSContin 100mg #90 is not medically necessary.

Roxicodone 30mg #112: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: As stated on pages 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, it does 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. In this case, patient was given MSContin to address her low back pain. However, given the 1993 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding endpoints of treatment or pain contract. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, a comprehensive evaluation for functional restoration program revealed that there was a 11 month CURES report however, it did not specify when was the latest CURES report or how was the monitoring of the opioid levels are. Likewise, the patient was also on MSContin, it is not clear why the patient needs to be on different opioids at this time. Therefore, the request for Roxicodone 30mg #112 is not medically necessary.