

Case Number:	CM14-0154853		
Date Assigned:	09/24/2014	Date of Injury:	01/14/2004
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 63-year-old male with a 1/14/04 date of injury. The mechanism of injury occurred when he was involved in a motor vehicle accident with a drunk driver. According to a progress report dated 9/7/14, the patient complained of bilateral low back pain radiating to buttock. He rated his pain as 7/10 on VAS. His 7/9/14 urine drug screen was consistent with medications. Morphine IR 30mg provides 40% decrease of the patient's pain with 40% improvement of the patient's activities of daily living. Morphine ER 60mg provides 60% decrease of the patient's pain with 60% improvement of the patient's activities of daily living. Objective findings: tenderness upon palpation of lumbar paraspinal muscles and left sacroiliac joint sulcus, bilateral lower extremity and lumbar ranges of motion were restricted by pain in all directions, sustained hip flexion positive bilaterally. Diagnostic impression: new left foot drop and left lower extremity weakness, new left L5 and left S1 radiculopathy, left sacroiliac joint pain, sacroiliac joint arthropathy, central disc protrusion at L3-L4, right paracentral disc protrusion at L4-L5, lumbar facet joint arthropathy, lumbar degenerative disc disease, cervical facet joint arthropathy, cervical degenerative disc disease. Treatment to date: medication management, activity modification. A UR decision dated 9/18/14 denied the requests for MSIR 30mg and MSER 60mg. There is previous documentation of noncompliance with a pain contract and documented drug-seeking behaviors. This patient has a long history of daily opioid use and there is no current evidence of any significant pain relief or significant functional improvement from ongoing use of opioids, which he continues to overuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, given the 2004 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, the patient has a history of opioid dependence and non-compliance with his opioid pain contracts with previous providers. Although the current provider states that the patient's current urine drug screen is consistent, there is previous documentation of inappropriate opioid use. Furthermore, the patient is also taking MSER 60mg, and his combined daily MED is 300. Guidelines do not support daily MED above 200 due to the risk of adverse effects, such as sedation. Therefore, the request for MSIR 30mg #120 was not medically necessary.