

Case Number:	CM14-0155840		
Date Assigned:	09/25/2014	Date of Injury:	08/08/1994
Decision Date:	10/27/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/23/2014

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:

This injured worker's date of injury is 08/08/1994. This patient receives treatment for chronic low back that arose from injuries from falling from a roof while working as a roofer in 1994. The patient has a history of polydrug abuse including alcohol, cocaine, amphetamines, marijuana, and recreational stimulants. The patient underwent low back surgery. On examination there is low back muscle spasm and flexion is reduced to 40 degrees. The clinical diagnoses include: chronic low back pain, Failed back syndrome, Depressive disorder and Panic Attacks, Restless leg, and Opioid dependence. Medications include: MS contin 100 mg TID, MSIR 30 mg for use PRN pain TID, citalopram, Remeron, Klonopin, and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg, #90: 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 Opioids for chronic pain Page(s): 80-83.

Decision rationale: This patient is taking two opioids for chronic low back pain. The patient's medical history is significant for drug abuse, opioid dependence, and failed back syndrome. The

treatment guidelines point out when using opioids for chronic low back pain, long-term efficacy is unclear. There is little evidence that treatment with one opioid, let alone two, improves function. Additionally, chronic opioid therapy can result in a significant risk of aberrant medication-taking behavior. The guidelines recommend that documentation include: the effect on function by the treatment, the degree of pain relief obtained, the duration of pain relief, any behavioral aberrancy, and any side effects. Based on the documentation, MSIR is not medically indicated.