

Case Number:	CM14-0157592		
Date Assigned:	09/30/2014	Date of Injury:	10/21/2007
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational 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 patient is a 47 year old male employee with date of injury of 10/21/2007. A review of the medical records indicates that the patient is undergoing treatment for chronic neck and back pain and osteoarthritis of the hip. Subjective complaints include back pain rated at 5-6/10 (2/20/2014) that is aching, burning, tearing throbbing, and spasm; stiffness also noted. Cervical pain rated at 6/10 (12/23/2014); lumbar pain rated 6/10 (2/20/2014). Back pain rated 8/10 (12/23/2014). Mid-back pain rated at 8/10 (12/23/2014). Objective findings include neck exam from 2/20/2014 revealing normal deep tendon reflexes; pain to palpation on neck; positive Spurling's test bilaterally; bilateral, secondary myofascial pain; positive maximal foraminal compression testing bilateral and no pain with Valsalva. Lumbosacral exam reveals no pain with Valsalva right, positive FABER maneuver, pain to palpation and with rotational extension. Treatment has included medications such as Cymbalta, DSS Sodium, Gabapentin, Hydrocort Ac Summ, Lidoderm patch, MS Contin 60mg extended release #120, Norco 10-325, Omeprazole (2/20/2014). The utilization review dated 9/3/2014 partially certified the request for MS Contin 60mg #180 to duration of three months for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life."The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, the treating physician notes "there is clear documentation for narcotic diversion tactics in the chart", which is an indication that medication should discontinue. The utilization reviewer on 9/3/14 recommended continued weaning off of MS Contin. As written, the prescription would be for 2+ months (3-4 pills daily, #180 pills requested). Given concerns for long term dependence and not meeting MTUS guidelines, 2+ months of this medication without any interval review is not prudent. As such, the request for MS Contin 60 MG # 180 is not medically necessary.