

Case Number:	CM14-0164920		
Date Assigned:	10/10/2014	Date of Injury:	11/29/1993
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 as a 58-year-old male with a date of injury of 11/29/1993. The listed diagnosis per [REDACTED] is post-laminectomy syndrome. According to progress report on 06/07/2014, patient presents for a "non-Work-Comp evaluation of his medication situation." The treating physician states that the patient has delays in receiving his medications. It was noted the patient will be leaving town, and he has "no residual backup alternate medication." He has chronic pain and is certainly "habituated to the long-acting Morphine." Examination revealed patient is stable with limited range of motion with pain on all ranges of the hips and low back. Treating physician is prescribing MS Contin 100 mg to be taken 1 to 2 b.i.d. with a limit number of #60 "as this will be his backup supply to cover the periods of time when there are authorization delays." Utilization review denied the request on 09/24/2014. Treatment reports from 03/07/2014 through 09/16/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting MS Contin 100 mg #60 for a backup supply to cover the periods of time when there are authorization delays in getting his long-acting Morphine. Medical records indicate the patient has been taking long-acting Morphine for his chronic pain since at least 03/07/2014. The MTUS guidelines pages 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the treating physician does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. MTUS also does not discuss "backup supply" of opiates. Least amount of opiates necessary to control pain is recommended. The request is not medically necessary.