

Case Number:	CM14-0177023		
Date Assigned:	10/30/2014	Date of Injury:	06/21/2003
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 Georgia. 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 52 year old male presenting with a chronic injury on 06/21/2003. On 09/30/2014, the patient complained of low back pain that radiates down both legs. The pain level increased to 5/10. The physical exam showed heal scar in the lumbar area, restricted range of motion with tenderness and tight muscle bands at the paravertebral muscles, positive straight leg raise on the left side and tenderness along the spinal column, limited motor testing due to pain and sensation to light touch was patchy in distribution. The patient's medications included Norco 10/325mg max 5 per day, Tizanidine, and MS Contin 30mg three times per day. The medical records noted that the patient was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin Tab 30mg CR, take one tab TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MS Contin Tab 30mg CR, #90 is not medically necessary. Per MTUS page 79 of the guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant reported 5/10 pain. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.