

Case Number:	CM14-0182654		
Date Assigned:	11/07/2014	Date of Injury:	10/18/2006
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 a 42 year old with an injury date on 10/18/06. Patient complains of constant pain in the bilateral legs, right knee, and bilateral low lumbar per 8/22/14 report. The patient states that with medications, the least pain is 6/10, the average pain is 7/10, and the worst pain is 8/10 per 8/22/14 report. Based on the 8/22/14 progress report provided by [REDACTED] the diagnoses are: 1. Vertigo 2. Lumbar radiculopathy, neuritis 3. Degenerative facet disease, lumbar 4. Lumbar disc displacement, herniation 5. Back pain, lumbar 6. Degenerative disc disease Exam on 8/22/14 showed "decreased range of motion torso due to pain." Patient's treatment history includes physical therapy, medication (currently MS Contin, Norco, Lyrica, Gabapentin, and Lamictal) and lumbar epidural steroid injection from December 2013 with > 50 percent pain relief. [REDACTED] is requesting MS contain 15mg CR tabs #60. The utilization review determination being challenged is dated 10/27/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/1/14 to 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg CR Tablets take one tab every 12 hours BTC #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-89, 78.

Decision rationale: This patient presents with bilateral leg pain, right knee pain, and lower back pain. The provider has asked for MS CONTIN 15mg CR tabs #60 on 8/22/14. Patient has been taking MS Contin since 6/26/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider indicates a decrease in pain with current medications which include the opiate, stating "the pain is made better by medication" per 8/22/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore, this request is not medically necessary.