

Case Number:	CM14-0032114		
Date Assigned:	06/20/2014	Date of Injury:	10/18/2002
Decision Date:	10/03/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 50-year-old male with a date of injury of 10/18/2002. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Degenerative disk disease, lumbar spine. 3. Low back pain, chronic .4. Post-laminectomy syndrome, cervical region. 5. Status post arthrodesis, C3-C4, C4-C5 fusion. According to progress report 02/20/2014, the patient presents with back, leg, neck, hand, and hip pain and numbness. The patient is walking half a mile, 3 times a day in an attempt to "get healthy." He feels that MSContin adversely affects his temperament and makes him feel "mean" and short-tempered. This is a concern as he babysits his grandchild. The patient's pain is rated as average 3/10 to 4/10 on a good day and average 6/10 to 7/10 on a bad day. Examination of the cervical spine revealed end-range of motion stiffness/tenderness with trapezial and levator scapulae taut bands and trigger points. Examination of the lumbar spine revealed decreased range of motion with stiffness and tenderness. The provider states the patient is to continue current medication regimen which includes MSContin 100 mg, Carisoprodol 350 mg, Cymbalta 60 mg, hydrocodone, acetaminophen 10/325 mg, Sumatriptan Succinate 50 mg, Gabapentin 600 mg, and Chlordiazepoxide HCl 10 mg. The patient is permanent and stationary. This is a request for refill of MSContin 100 mg #90. Utilization review denied the request on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Morphine Sulfate ER, CR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use, Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Us.

Decision rationale: The provider is requesting a refill of MSContin 100 mg #90. Review of the medical file indicates the patient has been taking MSContin since at least 08/06/2013. Report 02/20/2014 indicates the patient has adverse side effects including his temperament, which makes him feel "mean" and short-tempered. The 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, review of the medical file indicates the patient is taking multiple opioids. It appears MSContin is producing adverse side effects. Furthermore, the provider does not provide outcome measures, specific functional improvement or ADL changes with taking this medication. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use therefore, this request is not medically necessary.