

Case Number:	CM14-0036372		
Date Assigned:	06/25/2014	Date of Injury:	12/28/2007
Decision Date:	08/12/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old female who sustained an injury on 12/28/07. No specific mechanism of injury was noted. Rather, this was a cumulative trauma type injury which caused the development of low back pain. Treatment to date has included multiple medications to include narcotics, Trazadone, Zoloft, Norco, and Codeine. The injured worker is noted to have had previous stomach upset with medications and had utilized omeprazole. The injured worker is noted to have had an interval injury on 11/26/13 when she fell irritating her low back pain. As of 12/12/13, the injured worker had been utilizing MS Contin 30mg twice daily as well as Norco 10/325mg 2 tablets daily as needed for breakthrough pain. Pain scores were reduced up to 50% with the use of medications. The injured worker had been working but due to the interval injury had not been able to return to work. Physical examination did note stiffness with ambulation with a slightly antalgic gait. There was tenderness to palpation in the right buttock. The clinical report from 02/06/14 noted that the injured worker had developed increasing low back pain since the fall in November of 2013. The injured worker denied any substantial radiating symptoms in the lower extremities. The injured worker reported that without medications her pain was severe, 8-9/10 on the visual analog scale; however, with medications her pain scores were approximately 3-4/10. The injured worker was able to functional at home with medications; however, she had not returned to work. The injured worker had increased her Norco usage by an extra 1-2 tablets per day which had been helpful. Physical examination noted tenderness to palpation in the lumbar paraspinal musculature more to the right side. The injured worker was recommended to continue with medications at this visit. The appeal letter from 03/25/14 discussed the injured worker's pain relief at more than 50% with the use of MS Contin as a baseline pain medication. The appeal letter indicated that the injured worker had been working with good functional improvement; however, the most recent injury from November had increased her pain to the

point where she was unable to work. The injured worker did feel that she was functionally improved with the use of MS Contin. The requested MS Contin 30mg ER, quantity 60 without refills was denied by utilization review on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Morphine Sul 30mg ER #60 no refills: Overturned

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

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

Decision rationale: The injured worker did report at least 50% improvement in pain with the use of MS Contin as a baseline medication for chronic low back pain. Prior to the re-injury in November of 2013, the injured worker was reported to have been able to work full time without any significant side effects from the use of this medication for baseline pain control. The injured worker had an increasing amount of low back pain subsequent to a fall in November of 2013 which precluded the injured worker from returning to work. However, the injured worker was continually noted to have functional improvement with the continued use of MS Contin as a baseline pain medication. Based on review of the clinical documentation submitted and current evidence based guidelines, the request for MS Contin 30mg ER, quantity 60 with no refills, as there was no indication of any aberrant medication use, this medication is medically necessary.