

Case Number:	CM14-0038229		
Date Assigned:	06/25/2014	Date of Injury:	07/25/2001
Decision Date:	08/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Medicine 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 57-year-old female with a 7/25/01 date of injury. Complaints are low back, bilateral hip, knee pain, stiffness, weakness and generalized discomfort. The 5/27/14 progress report states generalized stiffness, weakness, and discomfort. The patient has a red hot left knee. MS Contin 60 mg was prescribed with no refills. On 10/28/13 patient underwent bilateral L4-5, L5-S1 laminectomy with decompression of the cauda equina without discectomy, bilateral L4-5 nerve root dissection, removal of left L4-5 synovial cyst. Patient is also status post 10 surgical procedures of the left knee. Review of records from 04/20/12 reveals that the patient has been taking OxyContin, Soma, Valium, Percocet, Celebrex Nexium and Protonix. Progress report dated 02/26/14 indicates that the patient has lost effectiveness with taking OxyContin and Percocet, which is why the patient is switching from these two medications to MS Contin 60 mg b.i.d. p.r.n.# 60. It is stated that patient's medications also include triamterene with hctz 75/50mg. The 01/28/14 report states that patient's medications include: A. OxyContin 80 mg p.r.n. #90 with no refills, B. Percocet 10/325 mg p.r.n. #90 with no refills, C. Triamterene 75/50 mg daily, #30 x 5, D. Protonex 40 mg daily 130 x 5, E. Soma 350 mg p.r.n. #120 x 3, F. Valium 10 mg t.i.d. #90 x 5, and G. Restoril 30 ng qh.s. p.r-n. #60 x 5. The request is for MS Contin 60 mg b.i.d. p.r.n.# 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy for Chronic Pain Page(s): 79-81.

Decision rationale: This patient has been taking opioid medications for over 2 years. Aside from the notes from the psychologist, there is no documented evidence of the dynamics of pain relief, no urine drug screen tests showing appropriate medication use, no documentation of improved functional status from opioid medication. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. The guideline requirements are not met. Recommendation: Non-Certify. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms.