

Case Number:	CM14-0040910		
Date Assigned:	06/27/2014	Date of Injury:	10/13/1999
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 reported an injury on 09/13/1999. The mechanism of injury was not provided with the documentation. The injured worker's diagnoses were noted to be lumbar postlaminectomy, spinal stenosis-lumbar, chronic pain syndrome, wrist fracture status post ORIF 2013, and depressive disorder. The injured worker's prior treatments were noted to be aqua therapy, medications, and group therapy. The injured worker presented for a clinical evaluation on 02/19/2014 with complaints of chronic pain in the lumbar spine. The injured worker noted pain was worse with cold weather. She felt she benefited from aqua therapy. She does not feel she is able to taper medications. She indicated pain was a 9/10 at worst and 5/10 at best. The physical exam noted on inspection of the lumbar spine; range of motion was restricted with flexion limited to 40 degrees, extension was limited to 10 degrees, right lateral bending was limited to 5 degrees, and left lateral bending was limited to 5 degrees. Upon palpation of the paravertebral muscles, spasm and tenderness were noted on both sides. Tenderness was noted on the spinous process at L4 and L5. Lumbar facet loading was negative on both sides. Straight leg raise was negative. The treatment plan was for medications, exercise with a stationary bike to improve her mobility, and a plan to taper medications. Relevant medications were noted to be morphine sulfate instant release, MS Contin 15 mg, and MS Contin 30 mg, trazodone, alprazolam, benazepril, and Topamax. The provider's rationale for the request was provided within the documentation. A Request for Authorization was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The request for MS Contin 15 mg quantity 60 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant behavior (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review fails to provide an adequate pain assessment. Efficacy of MS Contin was not noted in the documentation. Side effects were not addressed. Recent urine drug screen was not noted. In addition, the provider's request fails to provide a frequency. Therefore, the request for MS Contin 15 mg Quantity 60 is not medically necessary.

MS Contin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The request for MS Contin 30 mg quantity 60 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant behavior (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported

pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review fails to provide an adequate pain assessment. Efficacy of MS Contin was not noted in the documentation. Side effects were not addressed. Recent urine drug screen was not noted. In addition, the provider's request fails to provide a frequency. Therefore, the request for MS Contin 30 mg Quantity 60 is not medically necessary.