

Case Number:	CM14-0046474		
Date Assigned:	07/07/2014	Date of Injury:	04/27/2002
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Geriatrics and is licensed to practice in New York. 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 31 year old man with a date of injury of 4/27/02. He was seen by his primary treating physician on 3/7/14 with complaints of persistent back pain. He was recuperating from lumbar surgery. He had been taking morphine sulfate 60mg twice daily but complained of constipation. His pain was reduced to 5-6/10 with medications and allowed him to carry out activities of daily living. His exam showed significant decreased strength in the left lower extremity 2/5 with numbness in the posterolateral leg. His reflexes were said to be equal. His diagnoses included discogenic low back pain status post discectomy in 2005 and 2012 and L4-5 laminectomy/discectomy in 12/13. At issue in this review is the refill of MS Contin 60mg #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This 31 year old injured worker has chronic back pain with an injury sustained in 2002. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 3/14 fails to document any significant improvement in pain to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The MS Contin is denied as not medically necessary.