

Case Number:	CM14-0057403		
Date Assigned:	07/09/2014	Date of Injury:	10/13/1999
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 injured worker is a 61 year old female injured on 10/13/1999 due to an undisclosed mechanism of injury. Prior surgical interventions include ligament repair to the right wrist in 2000, left wrist surgery due to fracture in 2013, lumbar fusion L3-S1 2005 with hardware removal in 2008. Clinical note dated 04/02/14 indicates the injured worker presented for evaluation of chronic pain in the lumbar spine increased with recent colder weather. The injured worker reported frustration due to denial of opioid medications and reported inability to function without medications. The injured worker also reported noting depression and anxiety that deepened with the use of medication denial. The injured worker reported use of medications decreased pain from 9/10 to 5/10 on the visual analog scale. Physical examination revealed decreased lumbar range of motion, paravertebral muscle spasm and tenderness noted, lumbar facet loading negative, straight leg raising negative, muscle strength 5/5 bilaterally, and sensation normal in the lower extremities. The documentation indicates the injured worker has been self-tapering MS Contin successfully from 200 mg to 120 mg. Urine drug screen noted the presence of methadone, a non-prescribed medication. The documentation indicates the injured worker is adamant regarding difficulty with tapering her opioids due to cardiac decompensation with prior trial of titration of morphine. The injured worker also reports belief that suboxone will not be helpful in tapering. Medications include morphine sulfate IR 15 mg twice daily, dulcolax 5 mg, miralax, MS Contin 15 mg ER twice daily, MS Contin 30 mg ER 1-2 tablets every morning, Trazodone 100 mg every evening, Topamax, Senna and Alprazolam. The initial request for MS Contin 15 mg #60 and MS Contin 30 mg #60 was initially non-certified on 04/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Washington, 2002.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of MS Contin 15 mg #60 cannot be established at this time.

MS Contin 30 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Washington, 2002.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of MS Contin 30 mg #60 cannot be established at this time.