

Case Number:	CM14-0075996		
Date Assigned:	07/16/2014	Date of Injury:	08/04/1997
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 Interventional Spine 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 male with a date of injury of 08/04/1997. The listed diagnoses per [REDACTED] are: 1. Left L5 to S1 radiculopathy. 2. Bilateral lumbar facet arthropathy. 3. Bilateral sacroiliitis. 4. Bilateral sciatica. 5. Myofascial spasms. 6. MDD. 7. OSA. 8. Scoliosis. 9. OCPD. 10. Cervical radiculopathy. According to progress report 04/10/2014 by [REDACTED], the patient presents with chronic low back pain. Patient states his low back pain is better this past month and he is able to get out of the house with the warmer weather. He is walking for exercise but is limited. Medications help manage pain and improve function. Examination revealed antalgic gait with walker. There is tenderness noted in the sacroiliac joint piriformis muscles and positive Lasegue. Provider states the patient has general deconditioning and morbid obesity. He is requesting a refill of MSIR 30 mg #180 and Opana 30 mg #120. Utilization review denied the request on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg, qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61)CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89)Opioids for chronic pain (MTUS pgs 80,81) Page(s): 60, 61, 88, 89, 80, 81.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill of MSIR 30 mg #180. Page 78 of MTUS requires Pain Assessment that 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Progress reports 11/22/2013 to 04/10/2014 were reviewed. The medical file indicates the patient has been taking this medication since at least 11/22/2013. The provider states that medications help manage pain and improve function. However, no specific ADL changes are documented to determine whether or not significant functional improvements are achieved. Analgesia is not reported using a numerical scale to determine how significant change is. Pain assessment information is not provided. Finally, opiate monitoring such as urine drug screening and aberrant behavior is not discussed. Therefore, MSIR 30mg, Qty. 180 is not medically necessary and appropriate.

Opana 30mg, qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61)Opioids for chronic pain (MTUS pgs 80,81) Page(s): 60, 61, 80, 81.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill of Opana 30mg. Page 78 of MTUS requires Pain Assessment that 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Progress reports 11/22/2013 to 04/10/2014 were reviewed. The medical file indicates the patient has been taking this medication since at least 11/22/2013. The provider states that medications help manage pain and improve function. However, no specific ADL changes are documented to determine whether or not significant functional improvements are achieved. Analgesia is not reported using a numerical scale to determine how significant change is. Pain assessment information is not provided. Finally, opiate monitoring such as urine drug screening and aberrant behavior is not discussed. Therefore, Opana 30mg, Qty. 120 is not medically necessary and appropriate.