

Case Number:	CM14-0077445		
Date Assigned:	07/18/2014	Date of Injury:	06/15/2010
Decision Date:	09/11/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational 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:

This patient is a 35 year male who has developed chronic spinal pain subsequent to an injury dated 6/15/10. He has been treated with a microdiscectomy on 11/29/10 and then a 2 level fusion on 2/26/13. He is diagnosed with a failed back syndrome and experiences low back pain and bilateral lower extremity neuropathic pain. VAS scores are generally 9/10. There is no reported improvement with the use of opioid mediations and pain complaints have increased over the past few months. Function is reported to be very limited with ADL difficulties. In addition, he has a complex meniscal tear of the left knee for which surgery has been requested and placement of a spinal cord stimulator has been requested and initially denied. The rationale for the denial is not in the records sent for review. Oral analgesics consist of MS Contin 30mg. BID, Percocet 10/325 q 4-6 hours, Lyrica 100mg. TID, Cymbalta 60mg. qd and Flexeril 10gm q 8 hours. There is no reporting of periodic drug screens, no opioid risk assessments and no documented concern for opioid hypersensitivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60 Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-Opioids. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines-pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79,80,86,88,90,95.

Decision rationale: MTUS Guidelines do not support the long term use of opioid medications if there is no appreciable pain relief and/or functional benefits. This patient is utilizing 130-150 Morphine Equivalents and the records do not record any relief of pain during the course of treatment which has included increased opioid dosing. MTUS Guidelines also recommend periodic screening for misuse or diversion. There is no documentation of periodic drug screening or risk assessments. Per MTUS Guideline standards the MS Contin 30mg BID is not medically necessary.

Percocet 10/325 #150 Quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-opioids. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79,80,86,88,90,95.

Decision rationale: MTUS Guidelines do not support the long term use of opioid medications if there is no appreciable pain relief and/or functional benefits. This patient is utilizing 130-150 Morphine Equivalents and the records do not record any relief of pain during the course of treatment which includes increased opioid dosing. MTUS Guidelines also recommend periodic screening for misuse or diversion. There is no documentation of periodic drug screening or risk assessments. Per MTUS Guideline standards the Percocet 10/325mg #150 is not medically necessary.

Flexeril 10mg #90 Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.odg-twc/pain.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines specifically address the use of Flexeril and do not recommended it for long term use beyond 2-3 weeks. There are no reported benefits or unusual circumstances that would justify an exception to Guideline recommendations. The Flexeril is not medically necessary.