

Case Number:	CM14-0081985		
Date Assigned:	07/18/2014	Date of Injury:	09/29/1998
Decision Date:	08/27/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 79-year-old with a date of injury of 09/29/1998. The patient has the diagnoses of lumbosacral spondylosis without myelopathy, degenerative lumbosacral intervertebral disc, post-laminectomy syndrome, lumbago, thor/lumbosacral radiculitis muscle spasm and unspecified myalgia and myositis. Past treatment modalities have included fusion T12-S1 and spinal cord stimulator. Progress notes provided by the primary treating physician dated 04/28/2014 states patient has complaints of constant pain that is rated 7/10. The physical exam states low back pain and neck pain still bother him. Treatment recommendations consisted of medication adjustments, home exercise program and reauthorization for right SI joint reablation at S1-3 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 mg twice a day 2 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids page(s) 74-86 Page(s): 74-86.

Decision rationale: The California chronic pain medical treatment guidelines section on ongoing opioid use states: On-going management actions should include: Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required if the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The long-term efficacy is not established for chronic back pain. The patient is on Cymbalta but there is no documentation for failure of first-line therapeutic options for neuropathic pain. In addition the MED levels far exceed the daily recommended level. Even though the patient is under the care of pain management, there is a failure of clear documentation that these excessive MED levels of opioids has resulted in significant improvement in functioning and pain to warrant the continued use of the medication. For these reasons, the medication is not medically necessary.