

Case Number:	CM14-0084033		
Date Assigned:	07/21/2014	Date of Injury:	09/11/2002
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 is a 60-year-old female with a 9/11/02 date of injury. She injured her low back and bottom when she was operating a machine that fills cans, slipped and fell backwards. According to a progress report dated 7/1/14, the patient complained of ongoing lower back pain with intermittent leg pain. She has been active and able to do most of her activities of daily living with her medications on board, except for things like vaccuming or sweeping. She presented with pain rated 8/10 on a scale of 0-10 with medications. Objective findings: tender at lumbar spine, tender at facet joint, crepitus, decreased flexion, decreased extension, decreased lateral bending and decreased rotation, tender right sacroiliac joint, tender at greater trochanter. Diagnostic impression: lumbago, low back pain; radiculitis, lumbar, thoracic; disorder of coccyx; SI joint dysfunction; myofascial pain syndrome/fibromyalgia. Treatment to date: medication management, activity modification. A UR decision dated 5/22/14 modified the request to allow MS Contin 30 mg ER 90 tablets for weaning of total opioid dose to 120 mg MED or below. Specific use of this opioid medication by the injured worker is not documented and there is no clear evidence presented of significant lasting functional improvement resulting from continued use of this medication. The current report does not address work status and does not document specific improvements in activity as a result of treatment with this.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg Extended Release 30 days # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 - 86 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient still rated her pain at 8/10 with medications. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for MS Contin 30mg Extended Release 30 days # 90 was not medically necessary.