

Case Number:	CM14-0127611		
Date Assigned:	08/15/2014	Date of Injury:	09/17/1999
Decision Date:	02/19/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58-year-old man who sustained a work-related injury on September 17, 1999. Subsequently, the patient developed chronic neck, back, shoulder, and knee pain. The patient underwent cervical fusion, left rotator cuff repair, right CTR on March 21, 2012, and L4-5 decompression in July 2007. According to a re-evaluation report dated July 10, 2014, the patient complained of a constant low back pain. It did not radiate to the lower extremities. The patient described the pain as sharp and stabbing. The pain was rated as 6/10 in intensity with medications and 8/10 without medications. The patient's pain was reported as worsened since his last visit. The patient reported GERD related, medication associated gastrointestinal upset. He also reported constipation. Inspection of the lumbar spine revealed tenderness upon palpation in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs were present in the lumbar spine bilaterally. Motor exam was within normal limits in bilateral lower extremities. Straight leg raise at 90 degrees sitting position was negative bilaterally. The patient was diagnosed with cervical facet arthropathy, cervical radiculopathy, status post cervical spinal fusion, lumbar disc displacement, lumbar post laminectomy syndrome, lumbar spinal stenosis, and erectile dysfunction. The provider requested authorization for MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient improvement in level of function and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. The patient has been taking Ms Contin since at least April 2011 without any substantial pain relief or functional benefits. Therefore, the request of MS Contin 15mg #90 is not medically necessary.