

Case Number:	CM14-0173128		
Date Assigned:	10/23/2014	Date of Injury:	03/22/2012
Decision Date:	03/12/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/20/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male sustained a work related injury on 03/22/2012. The injury occurred when he fell into a deep hole (8-10 ft.) and struck his back against some concrete, then landed on his knees. He thought he lost consciousness with the impact and did not remember being pulled out. According to the oldest progress report submitted for review and dated 03/31/2014, the injured worker's medication regimen included Anaprox DS, Norco, Prilosec, Prozac, Lidoderm and Restoril. On 06/05/2014, the injured worker underwent Septoplasty, Submucous reduction, bilateral inferior turbinates. A Urine Toxicology Screen dated 06/17/2014 was submitted for review. On 08/25/2014 the injured worker underwent Right L5-S1 selective nerve root block, Left L5-S1 selective nerve root block and Lumbar epidurogram. According to a progress report dated 09/02/2014, the injured worker reported that he felt somewhat worse with increased headaches following the epidural steroid injection. He described ongoing pain in his head, neck, upper, mid and lower back as well as the bilateral knees. He had previously been experiencing a stabbing pain, but now felt numbness as though something was pushing. He also complained of restlessness. Treatments have included acupuncture and aquatic therapy. Current medications included Ayr Saline Nose Spray, Fluoxetine Hcl, Fluticasone Prop, Lidocaine Patch, Naproxen Sodium, Norco, Omeprazole and Temazepam. Impression included disc bulges L4-5 and L5-S1 with left S1 impingement, facet arthropathy L3-S1 and left lower extremity radiculopathy. On 09/18/2014, Utilization Review non-certified MS Contin 15mg #30. According to the Utilization Review physician, there was no clear documentation that this injured worker had any non-opioid medication treatment. The CA MTUS requires a prior trial of other analgesics as well as a full

assessment which was not documented to have been provided. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines page 77.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: The patient presents with complains of neck pain which radiates into the bilateral shoulder blades, mid and low back pain with weakness in the bilateral lower extremities, and bilateral knee pain, rated 9/10. The patient also complains of head pain, restlessness, memory loss and insomnia. The request is for MS CONTIN 15 MG # 30. Based on the 06/17/14 progress report, patient was provided with a Synvisc injection to his left knee without any significant improvement. Patient had one L5-S1 transforaminal epidural injection on 08/25/14 without any significant benefit. Patient is temporarily totally disabled. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, MS Contin is being initiated in progress report 09/02/14. Per progress report 09/02/14, treater states, "...the patient's relief is limited with the use of Norco, therefore, we will have him try MS Contin to see if his pain is better controlled..." Progress reports show documentation of pain assessment using a numerical scale describing the patient's pain. Given that the request is for a trial for the patient's chronic pain condition, the request appears reasonable. MTUS supports trying different medication to find one that provides optimal pain and functional improvement. The request is medically necessary.