

Case Number:	CM14-0174121		
Date Assigned:	10/24/2014	Date of Injury:	08/22/2007
Decision Date:	02/25/2015	UR Denial Date:	10/07/2014
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 & Rehabn

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 50-year-old female with injury date of 08/22/07. Based on the 09/23/14 progress report provided by treating physician, the patient complains of chronic low back and leg pain rated 2-3/10 with and 9-10/10 without medication. Per progress report dated 05/28/14, physical examination to the left leg revealed a positive straight leg raise at 60 degrees. Patient's medications include epidural injections without significant benefit, MS Contin, and MSIR which both were included in patient's medications per progress report dated 09/23/14. Per progress report dated 09/23/14, treater states that "patient adequately functioning and tolerating her current medications without difficulty." Per urinalysis report, date unspecified, results were compliant with prescribed medications. The patient's work status remains as disabled. Diagnosis 09/23/14- Degeneration of lumbar disk(s)- Lumbar radiculitis / radiculopathy- Plantar fasciitis The utilization review determination being challenged is dated 10/07/14. The rationale is "...there is no explicit documentation of functional improvement from the previous usage..."

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with chronic low back and leg pain. The request is for MS CONTIN 15MG #60 WITH NO REFILLS. Patient's diagnosis on 09/23/14 included degeneration of lumbar disk(s), lumbar radiculitis / radiculopathy, and plantar fasciitis. Patient's medications include epidural injections without significant benefit, MSIR, and MS Contin which were included in patient's medications per progress reports dated 09/23/14. Per urinalysis report, date unspecified, results were compliant with prescribed medications. Patient work status remained as disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 09/23/14, treater states that "patient adequately functioning and tolerating her current medications without difficulty." Treater does not discuss in detail what functional benefits the patient has had. Patient's pain was rated 2-3/10 with and 9-10/10 without medication. Urinalysis results, date unspecified, were compliant with prescribed medications. However, no specific ADL changes were mentioned to show significant improvement. The patient's work status has not changed or improved. No validated instruments were used showing functional improvement. No outcome measures were provided as required by MTUS. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

MSIR 30mg #180 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with chronic low back and leg pain. The request is for MSIR 30 MG #180 WITH NO REFILLS. Patient's diagnosis on 09/23/14 included degeneration of lumbar disk(s), lumbar radiculitis / radiculopathy, and plantar fasciitis. Patient's medications include epidural injections without significant benefit, MS Contin, and MSIR which were included in patient's medications per progress reports dated 09/23/14. Urinalysis results, date unspecified, were compliant with prescribed medications. Patient work status is reported as disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse

side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 09/23/14, treater states that "patient adequately functioning and tolerating her current medications without difficulty." Treater does not discuss in detail what functional benefits the patient has had. Patient's pain was rated 2-3/10 with and 9-10/10 without medication. Urinalysis results, date unspecified, were compliant with prescribed medications. However, no specific ADL changes were mentioned to show significant improvement. The patient's work status has not changed or improved. No validated instruments were used showing functional improvement. No outcome measures were provided as required by MTUS. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.