

Case Number:	CM14-0189411		
Date Assigned:	11/20/2014	Date of Injury:	02/07/2009
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old male with an injury date of 02/07/09. Based on 10/17/14 progress report, the patient complains of diffuse thoracic and low back pain along with left lower extremity pain. The aching and lancinating pain is exacerbated by increased activity. Physical examination, as per 09/11/14 progress report, reveals 0-120 degrees motion with severe crepitation. There is tenderness in patellar facets and posteromedial joint line. Physical examination of bilateral upper and lower extremities and spine, as per progress report dated 09/20/14, reveals tenderness to palpation in the region. Deep palpation leads to distal radiation of the pain. The patient exhibits reduced range of motion globally along with lower muscle strength in plantar flexor muscles. The patient is unable to toe and heel walk. There are palpable taut bands in the area of pain in addition to soft tissue dysfunction in thoracic and lumbar paraspinal region. Lateral rotation of spine produces pain in the concordant area. Compression of the pelvis produces pain in the buttocks. The patient also has decreased pin prick sensation along the posterior portion of both legs. The patient underwent right sacroiliac joint arthrogram and right sacroiliac joint injection on 10/01/13, as per the operative report. He also received caudal epidural steroid injection and epidurogram, on 04/08/14, as per the operative report. The patient underwent knee surgery and lumbar fusion surgery (specific dates not mentioned), as per progress report dated 10/17/14. Current medications include Viagra, MS Contin, Oxycodone, Cyclobenzaprine, Gabapentin, Mirtazapine, Naproxen sodium, Miralax powder, Nuvigil, Senna, and Zoloft, as per the same progress report. The patient had to stop physical therapy as it aggravated the pain, as per progress report dated 09/11/14. The patient received cortisone and joint lubricant injections which were helpful for some time. The patient received intramuscular Toradol injection and lumbar trigger point injections on 07/24/14, as per the progress report with

the same date. The patient has been advised to remain off work, as per progress report dated 10/17/14. X-ray, 09/11/14, as per progress report dated 09/11/14:- Arthritic quality of the bone in distal femur and standing view- Additional spurs medially and in patellofemoral region. Diagnosis, 10/17/14:- Postlaminectomy syndrome of the lumbar region- Pain in thoracic pain- Osteoarthritis not otherwise specified unspecified site- Drug dependence not otherwise specified unspecified- Tobacco use disorder- Depressive disorder not elsewhere classified- Chronic pain syndrome- Lumbosacral spondylosis with myelopathy- Lumbago- Thoracic or lumbosacral neuritis or radiculitis not otherwise specified- Sleep disturbance not otherwise specified- Encounter for long-term use of other medications. The provider is requesting for MS Contin 200 mg #90 x 2 refills. The utilization review determination being challenged is dated 10/21/14. The rationale was "primary treatment provider is requesting 2 refills which are not consistent with IW going to be set up with detox at the next office visit." Treatment reports were provided from 10/01/13 - 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 200mg #90 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88, 89, 76-78.

Decision rationale: This patient is s/p knee surgery and lumbar fusion surgery (specific dates not mentioned). The patient complains of diffuse thoracic and low back pain along with left lower extremity pain, as per progress report dated 10/17/14. The request is for MS Contin 200 mg #90 x 2 refills. 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, activities of daily living (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. In this case, a prescription for MS Contin first appears in progress report dated 02/12/14. Progress report dated 10/17/21 states that the patient is not experiencing any adverse side effects or aberrant behavior due to opioid use. The provider states that "the use of their medications does produce an appreciable degree of pain relief." However, none of the progress reports mention a pain scale. The provider also states that medication "allows them to achieve a higher degree of daily function," but does not discuss specific improvement in activities before and after use of MS Contin. The report indicates that the patient has been "compliant with random urine screens" although UDS reports are not available. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior. Therefore, MS Contin 200mg #90 x 2 refills are not medically necessary and appropriate.