

Case Number:	CM14-0189789		
Date Assigned:	11/20/2014	Date of Injury:	04/18/2011
Decision Date:	01/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 60 year old man with a date of injury of 4/8/11 to his low back. EMG/NCV completed on 5/19/14 showed acute on chronic left S1 and acute left L5 radiculopathy. He was seen by his provider on 10/15/14 complaining of right wrist and low back pain with radiation to this left hip and buttocks. He is status post epidural injection in 2013 with > 50% improvement. He was taking tramadol, Voltaren gel, indomethacin and glucosamine for pain and reported dizziness with hydrocodone. He went to the gym almost daily to exercise. His exam showed a non-antalgic gait. His lumbar range of motion was limited in all planes with positive pain with facet loading. His motor strength was 5/5 in his lower extremities with negative straight leg raises until 60 degrees. Sensation was diminished to light touch along anterior thigh dermatomes. His diagnoses were low back pain, hand pain and lumbar spinal stenosis. At issue in this review is the new prescription 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 tablet, 15mg/12hr, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 60 year old injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, tramadol and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document the rationale for trialing another opioid (long-acting) for pain when he was intolerant of a short-acting opioid. Also not documented are goals of therapy with regards to pain and functional improvement. He has a non-antalgic gait and is able to go to the gym on a daily basis to exercise. The medical necessity of initiating MS Contin is not substantiated in the records. Therefore the request is not medically necessary.