

Case Number:	CM14-0191361		
Date Assigned:	11/25/2014	Date of Injury:	02/02/1994
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Practice 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:

This 51 year old male claimant sustained a work injury on 2/24/94 involving the low back. He was diagnosed with lumbar disc disease and lumbago. He had undergone a posterior fusion and internal fixation of L5-S1 in 2004. A progress note on 9/16/14 indicated the claimant had 8/10 pain, which reduced to 3-6/10 with medication. He had been on MSER, Oxycontin IR 15 mg TID, Mobic 15 mg daily and Valium. Exam findings were notable for limited range of motion of the lumbar spine and a positive straight leg raise test on the right. He was given MSContin 30 mg 5 times daily and Oxycodone 10 mg TID along with the current medications. A refill of MSContin and Mobic was requested in November 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS contin 30mg quantity 450: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are rarely beneficial for mechanical or compressive etiologies. Maximum amount of morphine equivalent per day should not exceed

120 mg. The amount of MSContin prescribed along with other opioids well exceeds this amount. The request is not medically necessary.

Mobic 15mg quantity 30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended for arthritis and back pain as a 2nd line treatment after failure of Tylenol. In this case, there was no indication of Tylenol failure. The claimant had been on high dose opioids as well. There was no indication of combining the 2 classes of medications. The request is not medically necessary.