

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0197206 | | |
| Date Assigned: | 12/05/2014 | Date of Injury: | 11/30/2004 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male, who sustained an industrial injury on 11/30/2004. The diagnoses have included right lower extremity radiculopathy, status post interbody fusion at L1-2, L2-3 and L3-4 October 2006 and right knee sprain/strain secondary to fall. Treatment to date has included physical therapy, lumbar epidural steroid injection (ESI), knee Synvisc injections and medications. The MRI of the lumbar spine was noted to show anterolisthesis and multilevel facet arthropathy. According to the progress report dated 11/4/2014, the injured worker complained of low back pain radiating down to both lower extremities. He also complained of right knee pain. A urine drug test was noted to be consistent. The injured worker ambulated with a single point cane. He had an antalgic gait favoring the left lower extremity with an obvious foot drop. Exam of the posterior cervical musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points, which were palpable and tender throughout the lumbar paraspinal muscles. Exam of the right knee revealed tenderness to palpation along the medial lateral joint line with soft tissue swelling noted. There was decreased sensation over the L5 and S1 dermatomes. The injured worker received trigger point injections at the visit. The medication Fexmid was dispensed in the offices and a prescription was written for MS Contin. The medications listed are Valium, Protonix, Zoloft, Cialis, Testosterone and MS Contin. A Utilization Review determination was rendered recommending non certification for MS Contin 30mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg, twenty count without refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the patient is utilizing opioids and other sedative medications concurrently. The records did not show the guidelines required documentation of compliance monitoring UDS tests, absence of aberrant behavior and functional restoration with the chronic opioids treatment. There is no documentation of treatment failure with NSAIDs, anticonvulsants and antidepressants co-analgesics that are effective for the treatment of lumbar radiculopathy. The use of MS Contin 30mg #20 was not met.