

Case Number:	CM14-0199777		
Date Assigned:	01/07/2015	Date of Injury:	08/31/1987
Decision Date:	02/28/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 31, 1987. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve a request for MS Contin. The claims administrator referenced an October 21, 2014 progress note in its determination. The claims administrator stated that the progress note in question was not entirely legible and did not make a compelling case for continuation of morphine. The applicant's attorney subsequently appealed. On January 22, 2013, the applicant was described as an established 55-year-old patient with "opioid dependence." The applicant stated that he would like to employ Zubsolv (buprenorphine) to try and wean off of opioids. The applicant was currently on morphine, it was stated. In another section of the report, it was stated that the applicant was using Catapres, Voltaren, Robaxin, Seroquel, Coumadin, and Zubsolv. It was not clear when the applicant's medication was last updated. The applicant was status post earlier thoracic fusion surgery and lumbar fusion and had undergone numerous hip and low back radiofrequency ablation procedures, it was noted. The applicant was still smoking, it was noted. The applicant was apparently asked to employ Zubsolv as a means of weaning off of opioids. The applicant was asked to remain off of work "indefinitely." In a January 19, 2013 progress note, the applicant reported persistent complaints of low back pain. The applicant was described as "unemployed" and "disabled," it was stated in different sections of the report. The applicant was still smoking, it was further noted. The applicant was reportedly using MS Contin and Catapres, it was acknowledged. The applicant was again asked to remain off of work. No

discussion of medication efficacy transpired on this date. In a handwritten note dated December 8, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of low back and mid back pain. In an associated narrative progress note of the same date, December 8, 2014, the applicant reported difficulty performing activities of daily living including standing and walking. 5-7/10 low back and leg pain were noted. The applicant stated that bending, leaning, standing, getting up out of his bed, and any kind of physical activity worsened his pain. The applicant was again described as disabled. The applicant was using MS Contin and Catapres at this point, it was noted. The applicant reported 10/10 pain on this date, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS contin 100mg XR #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, on-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is off of work. The applicant was described as unemployed and disabled on various progress notes, referenced above. The applicant, furthermore, reported 10/10 pain complaints on December 8, 2014 and stated that he was having difficulty performing activities of daily living as basic as bending, leaning, sitting, standing, walking, and getting up out of bed. All of the foregoing, taken together, does not make a compelling case for continuation of MS Contin (long-acting morphine). Therefore, the request was not medically necessary.