

Case Number:	CM14-0201518		
Date Assigned:	12/12/2014	Date of Injury:	11/01/2006
Decision Date:	01/28/2015	UR Denial Date:	10/22/2014
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. 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:

45 yr. old male claimant sustained a work injury on 11/1/06 involving the neck, arms, lumbar spine and back. He was diagnosed with cervical/lumbar disc disease and underwent a cervical laminectomy of C3-C6 and a lumbar laminectomy of L3-S1. In addition he had upper extremity radiculopathy and depression. A progress note on 9/3/14 indicated the claimant had continued 6/10 neck pain with headaches and back pain. He had been on MSContin 30 mg at night, Norco and Celebrex for pain. Exam findings were notable for reduced range of motion of the cervical spine, tenderness in the paraspinal musculature, reduced range of motion of the lumbar spine and a positive straight leg raise test. He was continued on the above medications. The following month a request was made to continue MSContin 30 mg tabs # 30 with plan to taper 10% every 2-4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin tab 30mg CR 1 q day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning Page(s): 82-92,124.

Decision rationale: According to the guidelines, opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer-acting opioids and then tapered; (g) Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); & (i) Recognize that this may take months. In this case, there is no mention of addiction. Follow-up visit plan and weaning protocol as above was not noted. The taper rate can be higher than noted. The dose prescribed was not a tapered dose from what had been prescribed in the past. The MSContin as prescribed above is not medically necessary.