

Case Number:	CM15-0001854		
Date Assigned:	01/12/2015	Date of Injury:	02/26/2000
Decision Date:	04/09/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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 injured worker is a 62-year-old male who sustained an industrial injury on 02/26/2000. Diagnoses include failed laminectomy syndrome, status post anterior and posterior spinal fusions with chronic back pain, muscle spasm and left radicular symptoms. Treatment has included medications, and epidural steroid injection. A physician progress report dated 12/22/2014 documents the injured worker has intractable pain in his back, and painful swelling in the left buttock. He reports a 50% improvement with functional activities of daily living with the medication versus not taking them at all. Overall rating of his pain is 9/10 today. He has low back pain, and a postoperative Magnetic Resonance Imaging revealed epidural fibrosis wrapping around the left exiting L5 nerve root and possibly the L4 nerve root as well. Range of motion in the back is limited. There is an enlarged palpable mass in the left gluteal region of unknown etiology, which is very painful for him. The treating provider is requesting MS Contin 100mg #120. On 12/29/2014, the Utilization Review modified the request for MS Contin 100mg, #120, to MS Contin 100mg, # 38, citing California Medical Treatment Utilization Schedule (MTUS) - MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is prescribed opioid pain medication well above the ceiling of 120 MED recommended by the MTUS Guidelines. Prior reviews have recommended weaning from opioid pain medications. The requesting physician reports that the injured worker requires MS Contin to remain functional however, the medical reports do not indicate that the injured worker is experiencing significant pain relief with objective functional improvement as a result of opioid pain medication use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Utilization review recommended modification of this request to allow for weaning. The request for MS Contin 100 mg #120 is determined to not be medically necessary.