MAXIMUS Federal Services

Case Number:	CM15-0104113		
Date Assigned:	06/08/2015	Date of Injury:	03/31/2000
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old female patient who sustained an industrial injury on 03/31/2000. A primary treating office visit dated 12/18/2014 reported chief complaint of lower back pain, bilateral foot and ankle pain, and groin pain. Her low back is doing 85% better following the radiofrequency and the left side continues to be 95% better. She still has residual sacroiliac joint pain as well as some radiating pain across the low back especially while bending. She is also complaining of left shoulder and upper back pain with numbness in the first three fingers of the left hand. Recently the physician ordered the patient to undergo a repeat magnetic resonance imaging study of the lumbar spine, but it was denied. She states that OxyContin has been the best medication but the side effect of insomnia keeps her up at night. The Morphine did not cause this although she cannot sleep with this medication. Current medication regimen consisted of: MS Contin, Oxycodone, Valium, Nexium and Alprazolam. She is diagnosed with the following: left lumbar facet joint pain improved post radiofrequency, and right lumbar facet joint pain. The plan of care involved the patient recommended to undergo another radiofrequency; OxyContin was increased and MS Contin was discontinued. A pain management follow up visit dated 01/22/2015 reported chief complaint is left buttock and hip pain. She states having about a week of pain relief after the administration of the sacroiliac injection with a gradual return of symptom. She is treated under the diagnoses of lumbar facet pain and secondary sacroilitis left greater, not very responsive to treatment. The plan of care is with recommendation for the patient to undergo a sacroiliac joint fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2000 and continued to be treated for chronic back pain. When seen, pain was rated at 8/10. There had been improvement after medial branch radiofrequency ablation treatment. Morphine is reference as decreasing pain from 10/10 to 6/10 and allowing her to be more functional. There was upper trapezius tenderness with mild lower lumbar facet tenderness. There was pain with lumbar flexion. There was bilateral sacroiliac joint tenderness. There was left shoulder acromioclavicular joint tenderness and discomfort with range of motion. Medications included MS Contin being prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing at this dose was not medically necessary.