

Case Number:	CM15-0104118		
Date Assigned:	06/10/2015	Date of Injury:	03/31/2000
Decision Date:	07/10/2015	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: California

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, who sustained an industrial injury on March 28, 2000. She reported pelvic pain and low back pain for over 15 years after lifting a 15-20 gallon bucket of fluid while working in a photo lab. The injured worker was diagnosed as having rule out bilateral sacroiliitis. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, epidural steroid injections, bilateral sacroiliac injections, radiofrequency treatments, medications and work restrictions. Currently, the injured worker complains of continued low back and pelvic pain worse on the right than the left. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 10, 2015, revealed continued pain as noted. X-ray studies of the lower back revealed degenerative joint disease. X-rays of the pelvis revealed slight bilateral sacroiliac joint sclerosis and was noted as otherwise unremarkable. Medications were requested. A progress report dated April 14, 2015 indicates that MS Contin reduces the patient's pain from 10/10 to 6/10 and allows the patient to remain functional. The patient reportedly has upset stomach from the morphine which is controlled with Nexium. A progress report dated January 22, 2015 states that they have gradually reduced the patient's morphine dose over the last few months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg quantity 60: Overturned

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, that there is inadequate documentation of an opiate agreement and urine drug screens. However, due to the analgesic efficacy, objective improvement, and lack of intolerable side effects, it seems reasonable to continue this medication for one more month to allow the requesting physician time to better document the methods he is using to reduce the risk of opioid misuse, abuse, and diversion. In light of the above, the currently requested MS Continis medically necessary.