

Case Number:	CM15-0134637		
Date Assigned:	07/22/2015	Date of Injury:	10/24/2005
Decision Date:	09/22/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York

Certification(s)/Specialty: Internal 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 57 year old male injured worker suffered an industrial injury on 10/24/2005. The diagnoses included depression due to pain and moderate to severe degenerative disc disease with facet arthritis changes along with bilateral foraminal stenosis. The diagnostics included lumbar magnetic resonance imaging. The treatment included lumbar discectomy, TENS and medications. On 6/2/2015, the treating provider reported low back pain with radicular symptoms into the bilateral lower extremities. He reported he was getting new symptoms of radicular pains down the right lower extremity where it has only been the left in the past. On 5/5/2015, the provider noted the combination of Norco and MS Contin brought the pain from 9/10 to 7/10. With medication the injured worker was able to walk for 40 minutes daily, do yard work, mowing the lawn and weeding, assisting in house work and able to do personal care. The injured worker had a pain contract, consistent urine screen and assessment for aberrant drug use. The injured worker had not returned to work. The requested treatments included MS Contin 15mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided from 5/5/2015 visit provided detailed evidence of pain reduction with this medication. Review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional benefits. Therefore MS Contin 15mg #90 is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.