

Case Number:	CM15-0137270		
Date Assigned:	07/27/2015	Date of Injury:	09/26/2001
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male who sustained a work related injury September 26, 2001. According to a pain management physician's follow-up note, dated June 29, 2015, the injured worker presented with complaints of back pain with radiation to the right leg. He reports the low back pain is better this past month and he has been stretching and performing pool exercises. Current medication included Morphine, Oxycontin, Soma, Temazepam, Ambien, Lidoderm and Neurontin. A check list for physical examination revealed; tenderness to the lumbar spine left and right, sacroiliac joint right, and piriformis muscle right; low and mid myofascial spasms are present left and right. Some handwritten notes and part of the checklist are difficult to decipher. A drug screen panel test, dated June 1, 2015, is present in the medical record. Diagnoses are intrinsic disc disruption L3-4, L4-5 per discogram May 2003; post lumbar laminectomy syndrome February 2000; bilateral sciatica with piriformia syndrome; extensive myofascial spasms; intractable pain. Treatment plan included to continue aquatic exercise regime and at issue, a request for authorization for MSIR (Morphine) and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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

Decision rationale: The patient presents with pain affecting the back with radiation to the right leg. The current request is for Oxycontin 80mg #180. The treating physician report dated 6/29/15 (64B) states, "LB pain better this past month. PT has been stretching and doing exercise in pool." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Oxycontin since at least 3/9/15 (55B). The report dated 6/29/15 notes that the patient's pain has decreased from 8/10 to 5/10 while on current medication. No adverse effects or adverse behavior were noted. The patient's ADLs have improved such as the ability to continue an aquatic exercise regimen. The continued use of Oxycontin has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

MSIR (Morphine) 30mg #210: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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

Decision rationale: The patient presents with pain affecting the back with radiation to the right leg. The current request is for MSIR (Morphine) 30mg #210. The treating physician report dated 6/29/15 (64B) states, "LB pain better this past month. PT has been stretching and doing exercise in pool." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking MSIR since at least 3/9/15 (55B). The report dated 6/29/15 notes that the patient's pain has decreased from 8/10 to 5/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved such as the ability to continue an aquatic exercise regimen. The continued use of MSIR has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.