

Case Number:	CM15-0139462		
Date Assigned:	07/29/2015	Date of Injury:	03/25/2008
Decision Date:	09/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic low back, knee, and neck pain reportedly associated with an industrial injury of March 25, 2008. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for MS Contin. The claims administrator referenced a June 10, 2015 RFA form and an associated progress note of June 9, 2015 in its determination. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported 7/10 hip, leg, and foot pain complaints. The attending provider then stated that consumption of Norco and Opana was diminishing the applicant's pain complaints from 10/10 without medications to 5/10 with medications in another section of the note. The applicant's medication list included Opana extended release, Norco, Neurontin, Pristiq, Seroquel, Xanax, Wellbutrin, and Lunesta, it was reported. The applicant was placed off-of work, on total temporary disability. Opana extended release was discontinued in favor of MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids; Functional Restoration Approach to Chronic Pain Management Page(s): 75; 7.

Decision rationale: Yes, the request for MS Contin, a long-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, long-acting opioids are highly potent opioid analgesics which can be employed to provide around-the-clock analgesia, as was seemingly proposed here. Here, the attending provider stated on June 9, 2015 that he was introducing MS Contin for the first time in favor of previously prescribed Opana, noting that the applicant had developed GI side effects with Opana. Introduction of MS Contin was seemingly indicated, given the applicant's severe pain complaints seemingly requiring around-the-clock analgesia. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of "side effects" into his choice of recommendations. Here, introduction of MS Contin in favor of previously prescribed Opana was indicated, given the applicant's reports of side effects with Opana. Therefore, the first-time request for MS Contin was medically necessary.