

Case Number:	CM15-0149953		
Date Assigned:	08/13/2015	Date of Injury:	10/20/2008
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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: Anesthesiology

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 43 year old male, who sustained an industrial injury on 10-20-08. The injured worker was diagnosed as having reflex sympathetic dystrophy, internal derangement of left knee and low back pain. Treatment to date has included oral medications including MS Contin, Gabapentin 600mg, Zofran 4mg, Protonix 40mg, Colace 240mg, and Miralax 17gms, Viibryd 40mg and Xanax 1mg; psychiatric treatment and activity modifications. Currently on 6-29-15, the injured worker complains of severe leg pain. Work status is not documented. Physical exam performed on 6-19-15 revealed decreased range of motion of left knee and allodynia of left leg. The treatment plan included a request for prescriptions of MS Contin, Gabapentin and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 60mg #90 (DOS 7/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Functional improvement, Weaning Page(s): 79-81, 124.

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

Decision rationale: In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to MTUS, MS Contin (Morphine Sulfate Extended-Release) should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, there was documentation of severe leg pain despite multiple medications, including MS Contin. The injured worker has utilized MS Contin since at least 1-9-15. There was no evidence of functional benefit or response to ongoing analgesic therapy, to support continuation of this medication. There is no documentation of pain level or duration of relief from pain provided by opioid medication. Work status is not documented. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.