

Case Number:	CM15-0182537		
Date Assigned:	09/23/2015	Date of Injury:	02/18/2005
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Emergency 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 injured worker is a 61 year old female, who sustained an industrial injury on 2-18-2005. The medical records indicate that the injured worker is undergoing treatment for degeneration of the lumbar or lumbosacral intervertebral disc. According to the progress report dated 9-1-2015, the injured worker presented with complaints of severe low back pain with radiation into the left buttocks, left posterior thigh, and the anterior and posterior aspects of the left lower extremity. The level of pain was not rated. The physical examination of the lumbar spine reveals antalgic gait, reduced and painful range of motion, absent deep tendon reflexes at the knees, and positive straight leg raise test bilaterally. The current medications are Lexapro, Protonix, Norco, Flexeril, and Morphine Sulfate. There is documentation of ongoing treatment with MS Contin since at least 2013. Previous diagnostic testing includes MRI studies. Treatments to date include medication management. Work status is not specified. The original utilization review (9-9-2015) had non-certified a request for MS Contin #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested MS Contin 60mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has severe low back pain with radiation into the left buttocks, left posterior thigh, and the anterior and posterior aspects of the left lower extremity. The level of pain was not rated. The physical examination of the lumbar spine reveals antalgic gait, reduced and painful range of motion, absent deep tendon reflexes at the knees, and positive straight leg raise test bilaterally. The current medications are Lexapro, Protonix, Norco, Flexeril, and Morphine Sulfate. There is documentation of ongoing treatment with MS Contin since at least 2013. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS Contin 60mg #90 is not medically necessary.