

Case Number:	CM15-0184316		
Date Assigned:	09/24/2015	Date of Injury:	05/24/2013
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 29 year old male who sustained an industrial injury on 5-24-2013. A review of medical records indicates the injured worker is being treated for left L5 radiculopathy with left lower extremity weakness, left L4 radiculopathy with left lower extremity weakness, central disc protrusion L4-5 with left lateral recess stenosis that impinges left L5 nerve root, lumbar degenerative discs disease, and lumbar facet joint arthropathy. Medical record dated 8-11-2015 noted low back pain radiating to the left buttock and left leg. Pain scale was unavailable. Physical examination noted tenderness upon palpation of the bilateral lumbar paraspinal muscles. Lumbar range of motion was restricted by pain in all directions. Straight leg raise was positive on the left and negative on the right. Treatment has included medications (MS Contin since at least 10-28-2014). It was noted MS Contin prided 50% decrease of his pain with 50% improvement with activities of daily living such as self-care and dressing. RFA dated 8-11-2015 requested MS Contin. Utilization review form dated 9-1-2015 noncertified MS Contin 60mg #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 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): Oral morphine.

Decision rationale: 1 prescription of MS Contin 60 mg #90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) There are no overall improvement in function, unless there are extenuating circumstances, (b) Continuing pain with evidence of intolerable adverse effects, (c) Decrease in functioning, (d) Resolution of pain (e) if serious non-adherence is occurring, (f) The patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.