

Case Number:	CM15-0185392		
Date Assigned:	09/25/2015	Date of Injury:	07/02/1999
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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: Montana

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:

This is a 61 year old male with a date of injury of July 2, 1999. A review of the medical records indicates that the injured worker is undergoing treatment for failed spinal fusion with ongoing dysesthesias and muscle spasms, lumbar disc herniation with neuroforaminal stenosis, depression, insomnia, and dyspepsia due to medications. Medical records dated July 9, 2015 indicate that the injured worker complains of severe back pain, spasm and burning sensation in the legs, and pain rated at a level of 8 out of 10, 4 out of 10 with medications, and 10 out of 10 without medications. Records also indicate the injured worker reports a 50% reduction in pain and 50% functional improvement with activities of daily living with medications. A progress note dated August 6, 2015 notes subjective complaints similar to those documented on July 9, 2015. The physical exam dated July 9, 2015 reveals palpable spasm in the lumbar trunk, antalgic gait, lumbar flexion of 20 degrees, inability to stand up straight, weakness of the right thigh flexion and knee extension, sensory loss to light touch and pinprick in the right lateral calf and bottom of the foot, and ambulation with a limp. The progress note dated August 6, 2015 documented a physical examination that showed no changes since the examination documented on July 9, 2015 except for a now absence of the right Achilles reflex. Treatment has included lumbar spine fusion, medications (OxyContin 80mg twice a day, Oxycodone IR 30mg three times a day as needed, Ibuprofen 800mg three times a day, and Trazodone 50mg at bedtime since at least February of 2015). The treating physician stated "He feels he is on the very lowest narcotic dose to maintain level of function", that the injured worker reported having attempted weaning from medications in the past without success, and that "Urine drug screens have been

appropriate". The original utilization review (August 21, 2015) non-certified a request for MS Contin 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #90: Overturned

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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: MS Contin is a long-acting opioids: also known as controlled-release, extended-release, sustained-release or long-acting opioids. They are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of opioids requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Pain contracts or opioid agreements should be in place and weaning may be appropriate over time. Urine drug screening should be considered to ensure proper use of the medications. For long-term use of opioids the MTUS recommends not attempting to lower the dose if it is working. In this case the medical records show that the injured worker has been on a long-term regimen of Oxycontin 80mg 2-3 times daily and oxycodone 30mg up to 3 times daily for breakthrough pain. Attempts to wean from opioids have not been successful. The requirement for opioid pain medication is well-established in this case. The medical records do note that the medications provide up to 50% pain relief and allow functional improvement and optimize ability to perform activities of daily living. A pain contract is in place. The primary treating physician has documented no aberrant pain behavior evidence of addiction or side effects. Urine drug screening is apparently being performed and is consistent with the current regimen. The treatment note of 8-6-15 notes that MS Contin will be tried as an alternative to the Oxycontin. The note of 9-3-15 documents 50% pain relief and improved function with the MS Contin. After review of the medical records I am reversing the prior UR decision. The request for MS Contin 100mg #90 is medically necessary.

