

Case Number:	CM15-0185576		
Date Assigned:	09/25/2015	Date of Injury:	10/01/1987
Decision Date:	11/02/2015	UR Denial Date:	09/05/2015
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: New York, West Virginia, Pennsylvania
 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 51 year old male, who sustained an industrial injury on October 1, 1987. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar disc hernia without myelopathy, chronic pain syndrome, postlaminectomy syndrome of lumbar region, sciatica, lumbar thoracic radiculopathy, lumbago, spasm of muscle and anxiety. The injured worker was noted to have failed multiple "conservative therapies" including physical therapy, select NSAIDs, transcutaneous electrical nerve stimulation unit and various medication trials for greater than six months without benefit. On August 26, 2015, the injured worker complained of pain with radiation downwards into the legs bilaterally. The pain was described as a dull ache which worsened with prolonged standing, sitting and walking. The pain was noted to be made better with both rest and medication. She rated her pain as a 5 on a 1-10 pain scale with medication. Pain management was noted to be through MS Contin along with Norco for breakthrough. The treatment plan included a follow-up visit, continuation of home exercises, additional neurostimulator treatment quantity of four, Flexeril, Gabapentin, Trazodone, MS Contin, Norco, Valium, Mobic, Transdermal pain cream and Labetalol. On September 5, 2015, utilization review denied a request for MS Contin 100mg #90 and Mobic 15mg #30. A request for trazodone 50mg #60 and labetalol 100mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #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, criteria for use.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking MS Contin for many months. A urine drug screen done in January of 2015 was inconsistent and suggestive of abuse and therefore continued use of an opioid medication is not indicated. The request for MS Contin 100 mg #90 is not medically appropriate and necessary.

Mobic 15mg, #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Guidelines recommend Mobic for relief of signs and symptoms of osteoarthritis. In this case, the patient exhibits hypertension. While Mobic may be recommended for treatment of osteoarthritis, there is warning for all NSAIDs in people with pre-existing hypertension. The request for Mobic 15 mg #30 is not medically appropriate and necessary.