

Case Number:	CM15-0187402		
Date Assigned:	09/29/2015	Date of Injury:	06/15/2010
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49 year old male, who sustained an industrial injury on 6-15-10. The injured worker was diagnosed as having lumbalgia and knee pain. Treatment to date has included lumbar epidural steroid injections and medication including Ambien, Diazepam, Fetzima, Gabapentin, Inderal, Nucynta ER, and Percocet. On 8-24-15 physical examination findings included decreased right knee range of motion with subpatellar chondromalacia and crepitation. Diminished sensation to pinprick on the right lower extremity was noted. Pain was noted with palpation over the L2-4 spinous processes with positive Gainslen's maneuver. On 7-27-15 and 8-24-15 knee pain was rated as 6 of 10 and back pain was rated as 8 of 10. On 8-24-15 the treating physician noted the injured worker has no side effects, no complications, no aberrant behavior, and a urine drug screen on 5-1-15 was within normal limits as they all have been. The injured worker has attempted to wean the medication with increased pain, suffering, and decreased functional capacity. On 8-24-15, the injured worker complained of right knee pain and back pain. On 8-24-15 the treating physician requested authorization for MS Contin CR 15mg #60. On 9-1-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg CR #60: 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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for low back and right knee pain. When seen in August 2015 medications included Percocet and Nucynta ER. Medications are referenced as providing a 70% improvement in pain with attempts at weaning medications resulting in increased pain, suffering, and decreased functional capacity and urine drug screening as showing consistent findings. Physical examination findings included a body mass index of 38. He had decreased right lower extremity strength. There was decreased right knee range of motion with patellar crepitus and ligamentous laxity. There was decreased lower extremity sensation. Right sacroiliac joint testing was positive. MS Contin and Percocet were prescribed. Nucynta ER was no longer being prescribed. The total MED (morphine equivalent dose) was decreased from over 170 mg per day to 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing decreased pain. The total MED was now 120 mg per day consistent with guideline recommendations. No refills were given. The request can be accepted as being medically necessary.