

Case Number:	CM15-0192292		
Date Assigned:	10/06/2015	Date of Injury:	09/20/2010
Decision Date:	11/13/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 9-20-10. The injured worker was diagnosed as having chronic pain syndrome, lumbar spondylosis, and myalgia. Treatment to date has included left L3-S1 radiofrequency ablation 4-28-14, right L3-S1 radiofrequency ablation on 2-17-14, lumbar discectomy in 2011, hydrotherapy, physical therapy, epidural steroid injections, TENS, use of a cane, and medication including Lidoderm patches, Mobic, MS Contin, and Roxicodone. Physical examination findings on 9-8-15 included lumbar facet pain to palpation. On 7-6-15, pain was rated as 7-8 of 10 and on 9-8-15 pain was rated as 8 of 10. The injured worker had been taking MS Contin since at least July 2015. A urine drug screen dated 9-8-15 was noted to be consistent with prescribed medications. On 9-8-15, the injured worker complained of back pain and bilateral shoulder pain. The treating physician requested authorization for MS Contin 60mg #60. On 9-28-15, 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:

1 MS Contin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

Decision rationale: According to the guidelines, oral morphine is not 1st line for mechanical or compressive etiologies. In this case, the claimant was on Morphine for several months. The combined dose of MSContin and Roxicodone exceeded the 120 mg of Morphine equivalent recommended in a daily basis. In addition, reduction of pain scores with medications or failure of weaning was not noted. Continued use of MSContin as prescribed is not medically necessary.