

Case Number:	CM15-0195768		
Date Assigned:	10/09/2015	Date of Injury:	07/09/2001
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53 year old male, who sustained an industrial injury on 7-9-01. The injured worker is being treated for failed spinal cord stimulator, fusion of lumbar spine, left lumbar radiculopathy, lumbar degenerative disc disease, lumbosacral facet joint syndrome and post-laminectomy syndrome. Treatment to date has included spinal cord stimulator implant, oral medications including Lisinopril 40mg, Tizanidine 4mg, Simvastatin 50mg, Oxycodone 10-325mg and Oxycontin 40mg; lumbar fusion, lumbar laminectomy, physical therapy, home exercise program and activity modifications. On 8-20-15 and 9-4-15, the injured worker complains of low back pain radiating to both lower extremities and failed spinal cord stimulator system. Work status is noted to be disabled. Physical exam performed on 8-20-15 and 9-4-15 revealed limited lumbar range of motion, sacroiliac tenderness bilaterally on palpation, lumbar facet pain and positive straight leg test bilaterally. Documentation did not include urine drug screen, signed pain contract or improvement in pain or function with use of medications. On 9-10-15 request for authorization was submitted for MS Contin 100mg #150. On 9-17-15 request for MS Contin 40mg was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg Qty: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be greater than 300, far in excess of MTUS recommended guidelines. As such the request for MS Contin 100mg Qty: 150 is not medically necessary.