

Case Number:	CM15-0196660		
Date Assigned:	10/12/2015	Date of Injury:	04/21/1995
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: California, Massachusetts

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:

The injured worker is a 65 year old male who sustained an industrial injury April 21, 1995. Past history included seven vessel coronary artery bypass 1986 and 5 vessel coronary artery bypass 2002, angioplasty 1987, fractured pelvis 1990, carpal tunnel release, left knee arthroscopy medial meniscus, and partial discectomy 1998. Diagnoses are post lumbar spine surgery syndrome; lumbar radiculopathy; low back pain; adult onset diabetes; coronary artery disease; obstructive sleep apnea. According to a treating physician's office visit notes dated September 10, 2015, the injured worker presented for re-evaluation of chronic pain, evaluation of new pain and for medication management. He reports the average pain in the last week as a 9 out of 10 and sleep disturbance from pain 7 out of 10 with a percentage of improvement from pain medication as 50%. He reported low back pain with intermittent lower left extremity pain (since the mid 1980's) TENS (transcutaneous electrical nerve stimulation) unit helps some managed on MSER (Morphine Sulfate extended release) 100mg four times a day for years. He has decreased the MS Contin down to 30mg four times a day and is struggling with the dosage. He is pending a spinal cord stimulator trial, which was approved, but he could not undergo an MRI due to a case of shingles affecting the left lumbar region. The shingles are calming down and the MRI is scheduled for September 15, 2015. At issue, is the request for authorization for MS Contin 30mg QID #120. The physician documented the injured worker has a signed opioid contract and has agreed not to get controlled substances for pain from other providers. A urine drug testing report dated December 19, 2014 (report present in the medical record) revealed inconsistent results based on declared prescriptions. According to utilization review dated September 29, 2015, the request for Lyrica 150mg (1) BID (twice a day) #60 Refills (3) is certified. The request for MS Contin 30mg (1) QID (four times per day) #120 Refill: 0 was modified to MS Contin 30mg #90 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg 1 QID #120: 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 for chronic pain, Opioids, criteria for use.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved 50% with medication with noted improvement in objective physical exam findings and functional capacity. There has been no escalation while in fact there has been a significant decrease. UDS have been appropriate, there is an opioid agreement, pill counts are performed, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently, continued use of opioids is supported by the medical records and guidelines and is medically necessary.