

Case Number:	CM15-0200383		
Date Assigned:	10/15/2015	Date of Injury:	04/20/2012
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male who sustained an industrial injury on April 20, 2012. The patient is being treated for: right knee, hip, leg and right foot pains. He reports "pain, weakness, swelling, stiffness, numbness, tingling in his right leg, pain in right hip and shoulder." Narcotic addition (completely off narcotics), advanced osteoarthritis, right leg radiculopathy, right shoulder tendinopathy, depression, anxiety, morbid obesity. Medications: March 03, 2015 Baclofen, and Norco. September 11, 2105 reported the patient current medication regimen consisted of: Baclofen, Norco, Cymbalta, and Percocet. Subjective: March 03, 2015, June 25, 2015 constant, severe pain, rated "9" in intensity and noted "difficulty bathing alone with bending and stooping." Objective: July 17, 2015 reported "once he is off the narcotics then we will consider doing his shoulder scope." "I don't think anything is going to help him feel better when he is on heavy narcotics." Diagnostic testing: MRI lumbar spine October 2014. Treatment modality: surgery right knee October 2012, medications, physical therapy, injections. On September 22, 2015 a request was made for MS Contin 30mg #30 which was noncertified by Utilization Review on September 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 7/17/15 progress report provided by the treating physician, this patient presents with worsening right shoulder, lumbar, and right knee pain rated 8/10. The treater has asked for MS CONTIN 30MG #30 on 9/11/15. The request for authorization was not included in provided reports. The patient is s/p physical therapy, medication, activity modification, braces, corticosteroid injections and unspecified surgeries per 7/17/15 report. The patient states that his symptoms are unchanged and that he has been taking MS Contin and Percocet as prescribed per 9/11/15 report. The patient has gained 90 pounds since his injury, but has recently been placed on a diet and has lost 5 pounds per 9/11/15 report. The patient is currently temporarily totally disabled as of 7/17/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient has been taking MS Contin since 3/13/15, and in subsequent reports dated 6/25/15, 7/17/15 and 9/11/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request IS NOT medically necessary.