

Case Number:	CM15-0207306		
Date Assigned:	10/26/2015	Date of Injury:	04/05/2001
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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, North Carolina
 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 55 year old male, who sustained an industrial injury on 4-5-2001. The injured worker is undergoing treatment for: lumbosacral neuritis. On 9-14-15, he reported low back pain. He indicated he takes Fioricet sparingly for migraine headaches. He indicated he would like to reduce his medications. On 10-5-15, he reported low back pain. He rated his pain 5 out of 10. He indicated he attained 50 percent pain reduction and functional improvement with his current medications. He denied side effects. No aberrant behaviors are noted. There is notation he is able to perform activities of daily living with the aid of his medications. Physical examination revealed negative bilateral straight leg raise testing, pain with palpation of the lumbar spine, normal gait, decreased lumbar range of motion, and deep tendon reflexes are intact. There is no discussion of onset and duration of pain relief with MS Contin. The treatment and diagnostic testing to date has included: urine drug screen (4-13-15), medications. Medications have included: valium, fioricet, Neurontin. Current medications are listed as: MS Contin 30mg twice per day, Norco 10-325mg four times a day as needed. The records indicate he has been utilizing MS Contin since at least April 2015, possibly longer. Current work status: unclear. The request for authorization is for: MS Contin 30mg quantity 60. The UR dated 10-14-2015: modified certification of MS Contin 30mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for MS Contin 30mg #60: Upheld

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.

Decision rationale: The claimant is a 56 year-old male with a date of injury of 4/5/2001 who complains of chronic low back pain. The request is for continuing MS Contin 30 mg bid, which the patient has been taking since at least April 2015. The patient is also taking Norco, yielding a 115 mg/day morphine dose equivalent. The medical records show no demonstrable quantified measures of ongoing effectiveness in pain management, improvement in function or quality of life. The patient's work status is unclear. He is also using marijuana without a prescription. Weaning from opioids has previously been recommended. Therefore, base on the above findings, the request is not medically necessary or appropriate.