

Case Number:	CM15-0024163		
Date Assigned:	02/13/2015	Date of Injury:	07/15/1998
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

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 60-year-old female who reported injury on 07/15/1988. The mechanism of injury was the injured worker was working in the capacity of a tote off where the injured worker was pushing 400 to 600 pounds of dehydrated food on a roller cart and the roller cart wheels became jammed and the injured worker had onset of pain and popping sensation in her back. The injured worker was utilizing opiates since at least 2004. The documentation of 10/13/2014 revealed the injured worker's pain was 4/10 with medications and 10/10 without medications. The injured worker reported a 50% reduction in pain with medications and 50% improvement of activities of daily living with medications. Physical examination revealed low back limited range of motion. The injured worker had altered sensation to light touch and pinprick in the right lateral calf and bottom of her feet. The diagnoses included lumbar sprain and strain with lumbar DJD and facet arthrosis. The injured worker had a prior IDET procedure without improvement. The injured worker had chronic insomnia due to pain and the injured worker was noted to have a recent right breast mastectomy with axillary node dissection, diagnosed with breast cancer and was receiving chemotherapy and radiation therapy non-industrially. The injured worker had neuropathic pain in the right leg related to the injury. The treatment plan included a refill of Kadian 100 mg twice a day for a long acting analgesic 60 tablets; oxycodone immediate release 30 mg 1 tablet every 4 to 6 hours as needed for breakthrough pain limit 5 per day #150. There was a Request for Authorization submitted for review dated 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an improvement in function and an improvement in reduction of pain. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the cumulative dosing of medications would be 425 mg of oral morphine equivalents which exceeds guideline recommendations of a maximum 120 mg/day. The request as submitted failed to indicate the frequency for the requested medication. Given the above, request for MS Contin 100 mg #60 is not medically necessary.