

Case Number:	CM15-0029538		
Date Assigned:	02/23/2015	Date of Injury:	08/21/1990
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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 59 year old female injured worker suffered and industrial injury on 8/21/1990. The diagnoses were lumbar disc disease, post laminectomy syndrome, lumbar spine and lumbar radiculopathy. The treatments were acupuncture and medications. The treating provider reported the prior acupuncture therapy was useful but now the pain is getting worse again in the neck radiating down the right arm rated at 9/10. The lumbar pain is 7.5 to/10. The Utilization Review Determination on 2/10/2015 non-certified: MS Contin 30mg #60, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009), On-Going Management, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with low back pain with numbness in tingling. The current request is for MS CONTIN 30MG #60. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. With medications the patient is able to work full time as a teacher. Her pain is reduced from 10/10 to 6/10. The patient is follow up with a urine drug screen and a pain contract is signed. There is no noted adverse side effects with taking medications. The treating physician has provided adequate documentation, including the 4A's as required by MTUS for opiate management. The requested MS Contin IS medically necessary.