MAXIMUS Federal Services

Case Number:	CM15-0211856		
Date Assigned:	10/30/2015	Date of Injury:	08/08/2001
Decision Date:	12/11/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 59 year old female, who sustained an industrial injury on 08-08-2001. A review of the medical records indicates that the worker is undergoing treatment for radiculopathy of the lumbar spine. Treatment has included Norco, MS Contin (since at least 02-09-2015), facet injections, epidural injections, acupuncture, transcutaneous electrical nerve stimulator and physical therapy. Subjective complaints (08-17-2015, 09-14-2015 and 10-12-2015) included low back pain and increased spasms. On 08-17-2015, the physician noted that the worker had been continuing to reduce medications but that she felt she was in more pain than she had been. The physician recommended continuation of reduction of MS Contin. On 09-14-2015 the physician noted that the worker made good progress with tapering total overall opioid daily dose and had been tapered down to MS Contin 100 mg p.o. t.i.d. and Norco 10-325 mg t.i.d. Objective findings (08-17-2015, 09-14-2015 and 10-13-2015) included pain to palpation of the L3-S1 region of the lumbar facets and lumbar discs, decreased range of motion of the lumbar spine and weakness due to deconditioning. On 10-13-2015, the physician noted that the worker was tearful and unable to reduce pain medication any further. A considerable reduction was noted to have been made already and the physician noted that he would continue to work with her to reduce medication at a safe titration schedule. Pain medication was noted to provide greater than 50% relief of pain and to allow her to be functional and participate in daily activities. A utilization review dated 10-23-2015 modified a request for MS Contin 100 mg #90 to certification of MS Contin 100 mg #50 with the understanding that a specific treatment plan would be presented for reduction and discontinuation of the opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: MTUS Guidelines recommends a maximum tapering schedule, but allows for individualization and notes it can take many months. It is clearly documented that this individual has undergone significant tapering and a break in the tapering is currently recommended with longer term plans to re-initiate the tapering. At this point in time this is allowed by Guidelines and can be addressed again in review if no further progress is made in several months time. The MS Contin 100mg #90 is medically necessary.