MAXIMUS Federal Services

Case Number:	CM15-0219623		
Date Assigned:	11/12/2015	Date of Injury:	05/24/2013
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old male who sustained an industrial injury on 05-24-2013. According to the most recent progress report submitted for review and dated 10-08-2015, the injured worker was seen for bilateral low back pain radiating to the left buttock and left leg. Current medications included Oxycodone 10 mg four times a day and MS Contin 60 mg twice a day. Prior medications included Ibuprofen and Oxycodone 10-325 mg. The injured worker was currently not working. Diagnoses included left L5 radiculopathy with left lower extremity weakness, left L4 radiculopathy with left lower extremity weakness, central disc protrusion L4-L5 with left lateral recess stenosis that impinges left L5 nerve root, lumbar degenerative disc disease and lumbar facet joint arthropathy. MS Contin provided 50% decrease in pain and 50% improvement of activities of daily living such as self-care and dressing. The injured worker's Oswestry Disability Index score was 39 (78% disability) with the use of MS Contin. Without use of MS Contin, the injured worker's Oswestry Disability Index score was 50 (100% disability). The provider noted that there was an up to date pain contract and that urine drug screen was consistent. The injured worker was to schedule a spine surgeon consultation to evaluate for surgical options due to failure of conservative treatments and electrodiagnostic studies of the left lower extremity. Prescriptions were provided for Oxycodone 10 mg four times a day as needed #120 and MS Contin 60 mg three times a day #90. Follow up was indicated in four weeks. Work status was noted as temporarily totally disabled. Documentation shows use of MS Contin dating back to 2014. Urine toxicology reports were not submitted for review. On 10-23-2015, Utilization Review modified the request for MS Contin 60 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 MG #90: Upheld

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

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

Decision rationale: The claimant sustained a work injury in May 2013 when he fell in a trench with injury to the low back. He continues to be treated for radiating low back pain with MRI findings of a central L4/5 disc protrusion with left lateralization and diagnoses of left L4 and L5 radiculopathy. Treatments have included physical therapy, chiropractic care, and medications. When seen, VAS pain scores were not recorded. Medications were referenced as decreasing pain by 50% with a 50% improvement in activities of daily living. An opioid agreement was being used and prior urine drug screening had been consistent. Physical examination findings included a body mass index of nearly 33. There was bilateral lumbar paraspinal muscle tenderness. He had decreased and painful lumbar spine range of motion. Neural tension testing was positive on the left. There was decreased left lower extremity strength. Lumbar discogenic provocative tests were positive. Medications were continued. MS Contin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is two times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.