

Case Number:	CM15-0033191		
Date Assigned:	02/26/2015	Date of Injury:	06/29/2000
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63-year-old male, who sustained an industrial injury on June 29, 2000. The injured worker reported an injury to his low back after a fall off a stool. The diagnoses have included lumbar degenerative joint disease. Treatment to date has included spinal fusion of L5-S1 complicated with staph infection, laminectomy with repeat spinal fusion, medications, injections and physical therapy. Currently, the injured worker complains of severe back pain and muscle spasms. He uses his brace and cane for ambulation. He rates the pain a 9 on a 10 point scale without medications and a 4 on a 10-point scale with medications. He reports 50% pain improvement with his medications. On examination, the injured worker has an antalgic gait and has tenderness to palpation over the lumbar trunk area. His right and left straight leg raise is positive and he has a sensory loss to the right lateral calf and bottom of his foot. On February 10, 2015, Utilization Review modified a request for MS Contin 60 mg #90, noting that the request was modified for MS Contin 60 mg #50 for the purposes of weaning. The California Medical Treatment Utilization Schedule was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of 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 (Morphine Sulfate Controlled Release) 60mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Cures; Steps to take Before a Therapeutic Trial of Opioids; Opioids: Initiating Therapy; Opioids: Ongoing Management; Opioids for Chronic Pain; When to Continue Opioids; Opioids: Dosing; Opioids: specific drug list; Opioid weaning Page(s): 43, 74, 76, 77, 78, 80, 86, 91, 124. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids for Chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for MS Contin (Morphine Sulfate Controlled Release) 60mg quantity 90 is not medically necessary.