

Case Number:	CM15-0039121		
Date Assigned:	03/09/2015	Date of Injury:	09/07/2009
Decision Date:	04/17/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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: Internal 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 46-year-old female, who sustained an industrial injury on September 7, 2009. She reported injury of her back and neck. The injured worker was diagnosed as having bilateral joint facet pain, chronic low back pain, and chronic neck pain. Treatment to date has included medications, she is not currently working. The progress report on February 5, 2015, indicates she has continued low back and neck pain. She indicates her pain is worsened with prolonged activity, lying down, coughing or sneezing. Her current medications are: Norco 10/325, MS Contin 15 mg, Neurontin 600mg, Tramadol ER 150mg, Wellbutrin 150mg, and Albuterol. Physical findings are revealed as restricted neck and lumbar spine ranges of motion. Nerve root tension signs are negative. She is currently awaiting approval for lumbosacral medial branch block. The provider indicates MS Contin 15 mg provides 50% improvement in her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of MS Contin 15mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. 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 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 for documentation of the clinical use of these controlled drugs. The pain management report dated 2/5/15 documented the diagnoses of bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, chronic neck pain, cervical facet joint pain, cervical facet joint arthropathy, and left shoulder pain. Past treatments include physical therapy and medications. Bilateral L4-5 and L5-S1 facet joint medial branch block was recommended. MS Contin 15 mg twice a day #60 was prescribed for around the clock pain coverage. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The request for MS Contin is supported by the MTUS guidelines. Therefore, the request for MS Contin 15 mg #60 is medically necessary.