

Case Number:	CM15-0039227		
Date Assigned:	03/09/2015	Date of Injury:	04/27/2002
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
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: Pennsylvania, Ohio, 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:

This 32-year-old male sustained a work related injury on 04/27/2002. According to a progress report dated 02/10/2014, the injured worker was recovering from back surgery. Pain was rated 7 to 8 on a scale of 1-10 before medications and a 5 with medications. The injured worker wanted to try a different long-acting drug. The fentanyl patches were providing good relief but it was causing many intestinal symptoms, alternating constipation and diarrhea. Current medications included Fentanyl and Dilantin. Diagnoses included discogenic low back pain status post discectomy in 2005 and 2012 and L4-L5 laminectomy/discectomy in December 2013. The provider noted that he was going to try the injured worker on MS Contin at 60mg twice a day. According to a more recent progress report dated 01/06/2015, the injured worker was seen for ongoing low back pain with left lower extremity radicular symptoms. He continued to do well on the current medication regimen with no adverse side effects or aberrant behaviors. The DEA CURES report was reviewed. The injured worker reported that he had some Norco from a dentist. The provider addressed this with the injured worker and requested future notification for occurrences such as this. Current medications included MS Contin, Dilantin and Motrin. A prescription was written for MS Contin 30mg three times a day #90 with no refills and Motrin was dispensed. Work status was sedentary work.

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) 30mg quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate; Opioids, long-term assessment; When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.