

Case Number:	CM15-0039672		
Date Assigned:	03/10/2015	Date of Injury:	11/17/2008
Decision Date:	04/13/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 48 year old male, who sustained a work/industrial injury on 11/17/08. He has reported initial symptoms of low back, neck and across waist to right leg. The injured worker was diagnosed as having multilevel lumbar disc disease with radiculopathy. Treatments to date included a spinal cord stimulator, bilateral L4-5 intra-articular facet joint injection, surgery (micro-discectomy), medication (MS Contin) and physical therapy. Magnetic Resonance Imaging (MRI) demonstrated slight disc bulge at L4-5, degenerative disc disease, post-operative changes, left sided L3-4 and L4-5 neural foraminal narrowing, and moderate L5-S1 neural foraminal narrowing with no central canal stenosis. The treating physician's report (PR-2) from 1/27/15 indicated continued pain of low back pain across waist on the right with radicular pain. Diagnosis was failed back surgery syndrome, insomnia, and depression. Treatment plan was to refill M S Contin for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 milligrams, #135: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.