

Case Number:	CM15-0040032		
Date Assigned:	03/05/2015	Date of Injury:	01/24/2011
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
 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 55 year old female, who sustained a work/industrial injury on 1/24/11. She has reported initial symptoms of low back pain. The injured worker was diagnosis as having degenerative lumbar discs, lumbago, sciatica, bursitis, joint pain of pelvis/hip; and chronic pain. Treatments to date included medication (Anaprox, Lyrica, Lidoderm patch, Flexeril, and MS Contin), diagnostics, and physical therapy. Currently, the injured worker complains of chronic lower back pain worse in colder weather, right groin pain that radiates around the right hip and lower back. There was tingling sensation on the outside of both lower legs while in bed. The treating physician's report (PR-2) from 1/15/15 indicated ability to manage self care and activities of daily living (ADL's). Examination noted adequate leg strength, straight leg raise (SLR) provoke inguinal pain on the left. Plan was to prescribe M S Contin, x-ray of right hip, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are degeneration lumbar disc; lumbalgia; sciatica; bursitis; joint pain pelvis/hip; and other chronic pain. In a progress note dated September 2, 2014, the treating provider was starting to wean the injured worker of Norco 7.5 mg #80 tablets were prescribed for the patient to begin weaning. In a progress note dated December 19, 2014, the treating provider added OxyContin for nocturnal pain as the patient was being weaned off Norco. In a progress note dated January 15, 2015, the injured worker was weaned off Norco but now the patient is taking OxyContin. There is no clinical rationale in the medical record for weaning one narcotic for another narcotic. There is no objective functional improvement with ongoing OxyContin. There are no risk assessments for detail pain assessments associated with MS Contin. Consequently, absent compelling clinical documentation with objective functional improvement without a clinical rationale for exchanging one narcotic opiate for another opiate, MS Contin 15 mg #30 is not medically necessary.