

Case Number:	CM15-0046167		
Date Assigned:	03/18/2015	Date of Injury:	05/24/2000
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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 60 year old male who sustained an industrial injury on 5/24/00. He currently complains of low back pain radiating to both lower extremities that is becoming worse. He has had his spinal cord stimulator replaced 2 weeks ago. This and medications allow his pain to be fairly controlled enabling him to function in essential activities of daily living. He is status post fusion, which never fully fused. Medications include Lunesta, MS Contin, Norco and Skelaxin. Diagnoses include radiculopathy; other pain disorder related psychological factors; complex regional pain syndrome, type 11, lower extremity; pain lumbar spine; fibromyalgia/myositis; dysthymic disorder; mood disorder; major depressive disorder. Treatments to date include pain medication, spinal cord stimulator, trigger point injections which were helpful with muscle spasms, lumbar epidural steroid injections which helped reduce pain for 2 weeks and physical therapy which is helpful with pain and on the days he has it, enables him to sleep better. Diagnostics include computed tomography lumbar spine (no date); bone scan (no date). In the progress note dated 2/2/15 the treating provider notes that pain is fairly well controlled with pain medications and spinal cord stimulator. He is requesting refills on pain medications including MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #120: Upheld

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

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 and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. The patient has been taking Ms Contin for a longtime without any substantial pain relief or functional benefits. Therefore, the request of MS Contin 15mg #120 is not medically necessary.