

Case Number:	CM15-0047597		
Date Assigned:	03/19/2015	Date of Injury:	03/21/2006
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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 54 year old male, who sustained an industrial injury on 3/21/06. He reported low back and left lower extremity injury. The injured worker was diagnosed as having lumbar disc degeneration, low back pain, lumbar disc displacement, lumbar radiculopathy and sciatica. Treatment to date has included oral medications including opioids and lumbar spine surgery. Currently, the injured worker complains of continued low back pain. The injured worker noted pain relief and functional improvement with his medication regimen. Physical exam dated 2/3/15 revealed moderate tenderness at L4-5, L5-S1 levels. The treatment plan consisted of continuation of oral medications including MS Contin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids - criteria for use.

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 15 mg #90 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are low back pain; lumbar disc degeneration; lumbar disc displacement; lumbar radiculopathy; and sciatica. A progress note dated April 21, 2014 shows the injured worker was on Percocet 10/325 mg six tablets per day. The VAS pain scale was 8/10. In a July 7, 2014 progress note, Opana ER and Norco were prescribed. Sometime between July 2014 and October 13, 2014, the injured worker's opiate was changed to MS Contin and was determined to be a moderate opiate risk. A utilization review determination dated October 24, 2014 modified the request for MS Contin for weaning purposes. A progress note dated November 12, 2014 did not contain documentation of weaning. There was a refill for MS Contin and Norco. On December 9, 2014, a partial refill was requested for MS Contin #52 and Norco #78. The VAS pain scale remained at 8/10. On January 6, 2015 in MS Contin one PO BID #60 and Norco were requested for refill. Similarly, on February 3, 2015, MS Contin 15 mg b.i.d. #60 and Norco TID were requested for refills. There was still no attempt at weaning since the October 2014 recommendation in the utilization review documented in the record. There are no detailed pain assessments in the medical record. There is no subjective improvement in pain with ongoing MS Contin and Norco according to the VAS pain scale documented in the medical record 8/10. There is no documentation with objective functional improvement in the medical record. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state opiate treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. The injured worker has a history of neuropathic pain for which opiate treatment may not be effective. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of MS Contin 15 mg b.i.d. #60 and a failure to wean (MS Contin and Norco) after an October 2014 utilization review recommendations, MS Contin 15 mg #90 is not medically necessary.