

Case Number:	CM15-0050717		
Date Assigned:	03/24/2015	Date of Injury:	02/14/2003
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 02/14/2003. Initial complaints reported included left knee and low back pain from a fall. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, electrodiagnostic testing, epidural steroid injections, lumbar surgery, and CT scan of the lumbar spine. Currently, the injured worker complains of low back and left knee pain. The injured worker reported decreased energy, and that the previous epidural steroid injection was not helpful. Current diagnoses include pain disorder with both psychological factors and an orthopedic condition, extremity pain, sacroiliac pain, shoulder pain, spasm of the muscle, radiculopathy, degenerative disc disease of the lumbar spine, and low back pain. The treatment plan consisted of continued medications (including MS Contin ER 15mg), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER table 15mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury (over two decades), consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. A note dated November 24, 2014 states that the patient has been off of opioids for three weeks due to cessation at the pharmacy. On March 2, 2015, Utilization Review non-certified a request for continued treatment with MS Contin, citing multiple previous attempts to encourage weaning and lack of evidence of functional improvement. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. A formal plan to wean must be put in place if the patient has not already successfully weaned by this time. More detailed expectations should be outlined with the patient regarding pain management. Consideration of other pain treatment modalities and adjuvants is also recommended. The request to continue with long-term opioid treatment is not considered in the opinion of this reviewer to be medically necessary and appropriate based on the provided documents. Therefore the request is not medically necessary.