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| Case Number: | CM15-0050988 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 10/21/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/13/2015 |
| 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old male with an industrial injury dated 10/29/2007. Assessment/diagnosis included chronic neck, thoracic and low back pain, coccydynia and right knee pain. Prior treatments included medications, urine drug screen, MRI and physical therapy. He presents on 01/19/2015 with complaints of low back pain and radicular pain in right and left leg. Pain is rated as 7/10. Physical exam revealed pain to palpation over the cervical spine and lumbar spine. The provider notes the injured worker is receiving substantial benefit from the medications without evidence of drug abuse or diversion. Urine drug screen on 08/21/2014 was within normal limits. The provider documents the injured worker has neuropathic and inflammatory pain and receives about 90% improvement in pain on the lowest effective dose. The provider also notes attempts to wean the medications results in increased pain, suffering and decreased functional capacity and requests authorization for MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (Morphine Sulfate) Contin 60 mg #120 for weaning over 2-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Multiple previous reviewers have recommended weaning off of MS Contin. As such the request for MS (Morphine Sulfate) Contin 60 mg #120 for weaning over 2-3 months is not medically necessary.