

Case Number:	CM15-0052195		
Date Assigned:	03/25/2015	Date of Injury:	06/14/1995
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70-year-old male, who sustained an industrial injury on 06/14/1995. Initial complaints reported included back pain from cumulative trauma. The initial diagnoses were not found in the clinical notes. Treatment to date has included previous cervical and lumbar surgeries (prior to this date of injury), conservative care, medications, conservative therapies, MRIs, x-rays, CT scans, multiple cervical surgeries, and multiple rhizotomies. Currently, the injured worker complains of continued back and leg pain with medications not being authorized. A pain rating was reported (5/10) with current medications (Tylenol #4). Diagnoses include lumbago/low back pain, cervicgia/cervical pain, post lumbar laminectomy syndrome, and long term use of medications. The treatment plan consisted of medications (gabapentin, MS Contin), drug screen, 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 #30mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin, Opioids, criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing, p86
Page(s): 6, 76-80, 86.

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. Medications include Tylenol #4 and MS Contin at a total MED (morphine equivalent dose) of less than 50 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of MS Contin is medically necessary.