

Case Number:	CM15-0058135		
Date Assigned:	04/02/2015	Date of Injury:	03/14/2008
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49-year-old male, who sustained an industrial injury on 3/14/08. The diagnoses have included low back pain, lumbar radiculopathy, myofascial pain syndrome and post laminectomy syndrome. Treatment to date has included medications, physical therapy, diagnostics, spinal cord stimulator, activity modifications, pain management, and conservative measures. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 8/11/09. The current medications included Amitriptyline, Celebrex, Cymbalta, Lyrica, and Morphine Sulfate Contin with about 20 percent pain relief reported to a tolerable level. Currently, as per the physician progress note dated 2/2/15, the injured worker complains of low back pain that radiates down bilateral legs to the feet with the left leg being worse. The pain was described as constant, aching and sharp with numbness and tingling noted in the bilateral extremities. He admits that applying heat, taking pain medication alleviates the pain, and that without the pain medication the pain would be rated 9/10 on pain scale. He states that with taking the pain medication the pain was rated 7/10. He states that with taking his medications he is able to walk about 2 blocks daily. The objective findings revealed bilateral lumbar spasms noted positive twitch response, decreased sensation bilateral extremities, positive straight leg raise bilaterally and slowed ambulation was noted. The physician noted that there was functional improvement with the use of opiates and he will wean the Morphine Sulfate Contin. The physician requested treatment includes MS Contin 100mg #36.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #36: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is least effective for lumbar root pain. Opioids are not indicated for mechanical or compressive etiologies. The physician was weaning the claimant off MSContin. A weaning protocol and time frame was not provided. The claimant had been on numerous analgesics including tri-cyclic antidepressants. Weaning was mentioned the prior month but no change in dosing was made. The continued use of MS Contin as prescribed without a defined plan for weaning or use is not medically necessary.