

Case Number:	CM15-0084307		
Date Assigned:	05/06/2015	Date of Injury:	04/07/1992
Decision Date:	06/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/01/2015

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

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 58 year old female, who sustained an industrial injury on 04/07/1992. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs, injections, lumbar surgery, and conservative therapies. Currently, the injured worker complains of mid and low back pain with radiating bilateral lower extremity pain (right worse than left). The injured worker reported that her pain was becoming intolerable with a pain rating of 10/10 without medications and 4/10 with medications. It was reported that the injured worker underwent a radiofrequency rhizotomy in 09/2014, which provided 50% pain reduction that lasted 6 months. The injured worker's current medication regimen includes MS Contin controlled release 30mg twice daily, and Oxycodone 20mg twice daily. The injured worker has been on these medications since 01/29/2015. The diagnoses include lumbago, chronic low back pain, lumbar radiculopathy, post laminectomy syndrome, and osteoarthritis of the spinal facet joint. The request for authorization included MS Contin 30mg #60 which was non-certified by the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, functional support and a lack of drug related aberrant behaviors. These standards are clearly met in this individual. A greater than 50% relief in pain is reported as a result of use, increased activity is documented and there are no problematic behaviors. Long-term plans are to diminish use if a planned rhizotomy provides the level of pain relief that was previously experienced. But, at this point in time the MS Contin 30mg. #60 is supported by Guidelines and is medically necessary.