

Case Number:	CM15-0087833		
Date Assigned:	05/12/2015	Date of Injury:	12/26/1996
Decision Date:	06/23/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey

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 50-year-old female, who sustained an industrial injury on 12/26/1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having progressive lumbar spine disc disease with right lower extremity neuropathy with possible discitis. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, trigger point injection, use of traction, and status post spinal surgery. In a progress note dated 04/15/2015 the treating physician reports complaints of mid to low back pain that is increasing along with left arm numbness and burning especially at night. The examination noted tenderness to the paraspinous muscles at lumbar one to sacral one, decreased sensation and motor strength to the bilateral lower extremities, and tenderness to the right rhomboid muscles, paraspinous muscles at thoracic three through seven, and the paraspinous muscles between the shoulder blades to thoracic four through six. The medical records indicated the current use of Percocet and Oxycontin. The treating physician indicated that the Oxycontin was added for her back pain and also noted that the physician is going to increase the long acting pain medications and decrease the breakthrough medications. The injured worker notes improvement in her pain control secondary to Oxycontin use, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to determine the effectiveness of her medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with her current medication regimen. The treating physician also included two

different doses of Oxycontin at 20mg and at 40mg. The treating physician requested MS Contin 20mg with a quantity of 90 as the treating physician noted above to increase the long acting pain medications and to decrease the breakthrough medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 20mg #90: Upheld

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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest that the provider performed this full review regarding MS Contin. There was no documentation to show clear and specific functional gains and measurable pain level movement with and without MS Contin, which is required in order to show more objective evidence of benefit with the ongoing use of MS Contin. Therefore, the request for MS Contin will be considered medically unnecessary at this time and based on the documentation provided for review.