

Case Number:	CM15-0089125		
Date Assigned:	05/13/2015	Date of Injury:	12/16/2008
Decision Date:	06/15/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Illinois

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 36 year old female with an industrial injury dated 12/16/2008. Her diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbago and spondylosis. Prior treatment included home exercises, aqua therapy, physical therapy, occupational therapy, chiropractic and massage therapy. She presents on 04/09/2015 with complaints of lower back pain radiating into both legs. She rates her pain as 4/10. She states current oral medication helped control her pain. Physical exam noted lumbar flexion was limited to 45 degrees due to moderate low back pain; extension was limited to 15 degrees due to facet loading pain. Straight leg raise was positive bilaterally. Sensory perception was intact to soft touch in bilateral lower extremities. Gait was antalgic and she ambulated with a cane. Urine drug screen done 08/2014 was inconsistent with medications prescribed. Provider progress note dated 09/26/2014 notes the injured worker had consumed a higher dosage of opioid than prescribed. Her medications included Prozac, Buspirone, Ativan, Abilify, Gabapentin, Robaxin, Anaprox, Piroxicam, Hysingla ER, Tylenol extra strength and Voltaren gel. Treatment plan included to continue medications and a refill of MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg, (3 times per day by mouth), #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Morphine sulfate, Morphine sulfate ER, CR; When to Discontinue Opioids; When to Continue Opioids Page(s): 93, 79, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 12/16/2008. The medical records provided indicate the diagnosis of degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbago and spondylosis. Prior treatment included home exercises, aqua therapy, physical therapy, occupational therapy, chiropractic and massage therapy. The medical records provided for review do not indicate a medical necessity for MS Contin 15mg, (3 times per day by mouth), #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of opioids predates 10/2014, but with no overall improvement. The records indicate the injured worker is not properly monitored for pain control and activities of daily living. Therefore the request is not medically necessary.