

Case Number:	CM15-0232371		
Date Assigned:	12/08/2015	Date of Injury:	10/17/2008
Decision Date:	01/11/2016	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/25/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old male who sustained an industrial on 10-17-08. Medical records indicate that the injured worker has been treated for lumbar radiculopathy; lumbar degenerative disc disease; lumbar herniated nucleus pulposus; lumbar facet arthropathy; chronic lumbar pain status post lumbar surgery 2010. He currently (10-9-15) complains of aching low back pain radiating from his back around to ribs and sternum with tingling, numbness and cramping to bilateral lower extremities to the ankles. Low back pain radiates into his groin area especially on the right side and radiating pain to the right leg with numbness, tingling and weakness. He has sleep disturbances. His pain level was 8-9 out of 10. Pain level from 4-20-15 was 6 out of 10. Physical exam revealed tenderness to palpation thoracic and lumbar midline and bilateral paraspinals, limited range of motion due to pain, positive facet loading causing back pain radiating to right lower extremity. Urine drug screen dated 5-19-15 was consistent with prescribed medications. CURES report dated 7-16-15 was consistent with prescribed medications and there were no signs of "misuse, abuse, divergence, addiction with the medications prescribed" per the 10-9-15 note. Treatments to date include medications: Flexeril, gabapentin, Norco, omeprazole, MS Contin (since at least 4-20-15), Cymbalta, ketoprofen cream, naproxen, capsaicin cream; chiropractic therapy, 8 sessions which helped for a few hours; acupuncture, 20 sessions with mild pain relief; physical therapy, 20 sessions, with mild pain relief; aqua therapy, 20 sessions with mild relief; transforaminal epidural steroid injection bilaterally L4, L5, S1 times 2 with 100% relief for 1 month; MLD bilateral L4-5, L5-S1 (2010).

The request for authorization dated 10-9-15 was for MS Contin 30mg #60. On 10-28-15 Utilization Review non-certified the request for MS Contin 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg, twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain; Opioids, criteria for use; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request is not medically necessary or substantiated in the records.