

Case Number:	CM14-0119668		
Date Assigned:	08/06/2014	Date of Injury:	06/29/2000
Decision Date:	10/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 records presented for review indicate that this 63-year-old male was reportedly injured on June 29, 2000. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of low back pain radiating down the right greater than the left leg. Current medications are stated to provide at least 50% pain reduction and 50% functional improvement with activities of daily living. The physical examination demonstrated decreased lumbar spine range of motion and tenderness along the lumbar spine with spasms. There were symmetrical deep tendon reflexes. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes multiple lumbar spine surgeries, a lumbar support brace, and oral medications. A request had been made for MS Contin 30 mg and was not certified in the pre-authorization process on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg # 90 Refills Unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93.

Decision rationale: The MTUS Chronic Pain Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress note dated June 26, 2014, states that the injured employee has at least 50% pain relief with current medications and 50% increased and functional ability to perform activities of daily living. At such, this request for MS Contin 30 mg is medically necessary.