

Case Number:	CM14-0147034		
Date Assigned:	09/12/2014	Date of Injury:	03/01/1991
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Medicine and is licensed to practice in California 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 injured worker is a 56-year-old male who sustained an injury on 03/01/91. He complained of pain in the low back and left leg. He has difficulty with his ADLs. His left knee feels unstable. He has difficulty sleeping secondary to pain. Knee is improving (nonindustrial). He rated his pain at 3/10 with medications and 8/10 without medications. Exam revealed myofascial triggers at bilateral L4 & bilateral L5, positive lumbar spasms, decreased sensation in posterior thighs, sciatic notches, weak back, difficulty with heel toe walking, positive swelling but decreasing, positive SLR sign at 60 degrees on the right and 45 degrees on the left. MRI revealed left medial meniscus and MRI of the lumbar spine revealed status post fusion at L4-5 and L5-S1. Past surgeries include lumbar and thoracic laminectomy surgery and morphine pump removal. Currently, he takes multiple medications including Percocet and MS Contin. It was noted that since the removal of morphine pump he has been stable on MS Contin and Percocet, and that he tried to reduce Percocet 1-year ago but had decreased activities of daily living and increased blood pressure. Previously one prescription for MS Contin 100 mg #90 was denied on 07/29/14. Diagnoses include lumbar post laminectomy syndrome (P&S), chronic pain secondary to catheter granuloma, status post morphine pump removal, sleep disorder secondary to chronic pain requires Ambien, thoracic laminectomy, and chronic myofascial dysfunction. The request for decision for 1 prescription for MS Contin 100 mg #90 was modified to #90 on 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ms Contin 100mg #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): 91.

Decision rationale: As per CA MTUS guidelines, MS Contin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic lower back pain and has been taking this medication for a long time. The IW is noted that has been stable on MS Contin and Percocet, with improved pain level. However, there is little evidence of significant improvement in function, as he is noted to have difficulty in ADLs. There is no documentation of other means of pain management such as home exercise program. Furthermore, there is no documentation of urine drug screen to monitor compliance. Thus, the request is not medically necessary per guidelines.