

Case Number:	CM14-0152308		
Date Assigned:	09/22/2014	Date of Injury:	09/27/2001
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 55-year-old injured worker with a date of injury of 09/27/01. The most recent progress report submitted, dated 07/11/14, identified subjective complaints of neck, low back, and leg pain. Objective findings included pain with range of motion of the lumbar and cervical spines. There was decreased motor function and reflexes in the L2-5 distribution. Diagnoses included (paraphrased) lumbar disc disease and status post lumbar and cervical fusions. Treatment has included epidural steroid injections. Medication therapy was not documented. A Utilization Review determination was rendered on 09/08/14 recommending non-certification of "MS Contin 30mg, q12h PRN #60".

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg, every 12 hours as needed, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010, and on the Non-MTUS Physician's Desk Reference, 68th ed., and on the Non-MTUS www.rxlist.com, and on the Non-MTUS ODG Workers Compensation Drug Formulary, odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Opioids and Oral Morphine

Page(s): 74-82 and 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain

Decision rationale: MS Contin is a sustained-release oral formulation of morphine. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines regarding the ongoing use of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; and intensity of pain after taking the opioid. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic, non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain guidelines also state that, with chronic low back pain, opioid therapy "... appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "there is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Guidelines further state that opiate therapy is not recommended beyond two weeks, and oral morphine is not recommended as primary treatment for persistent pain. The Official Disability Guidelines (ODG) state, "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." The duration of this patient's therapy with MS Contin was not documented. Likewise, the elements listed above were not documented. Therefore, the record does not demonstrate medical necessity for MS Contin.