

Case Number:	CM14-0168055		
Date Assigned:	10/15/2014	Date of Injury:	12/11/2000
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Practice, and is licensed to practice in Ohio. 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 46-year-old male with a date of injury of 12/11/2000. He has had severe back pain radiating to the legs of an accelerating nature. He has had 4 back surgeries with the last one being a complex, major lumbar fusion revision. There has been an accelerating pattern of opioid use over the last year and he has recently been up to 360 mg of Methadone per day. The injured worker continues to have pain levels of 7-8/10 and worsening functionality in spite of the increasing opioid doses. He had been diagnosed with opioid hyperalgesia and there was a plan on 2-13- 2013 to begin a weaning process. The physical exam reveals diminished lumbar range of motion; lumbar spasms, positive straight leg rise testing bilaterally and diminished sensation to the lateral calves and feet bilaterally. The diagnoses include lumbar radiculopathy, Post Lumbar Laminectomy Syndrome, lumbar degenerative disc disease, low back pain, and muscle spasm. He is being evaluated for an implanted pain pump. On 9-16-2014, the known opioid prescriptions were for Methadone 40 mg three times a day and Dilauded 2 mg three times a day. The injured worker was complaining that his pain was worse and that his activity level had decreased. On this day, it appears that an additional prescription for MS Contin ER 30 mg three times a day was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The referenced guidelines require ongoing assessment of pain relief, functionality, adverse medication effects, and any aberrant drug taking behavior. Opioids should be discontinued if there is no improvement in pain and function. In this instance, the injured worker has opioid hyperalgesia and in fact had a weaning treatment plan in place in 2013. He has clearly not benefitted from continued escalation in his opioid regimen and there are signs of aberrant drug taking behavior from the reviewed record. The record does not support a further opioid escalation and rather supports that weaning is necessary. Therefore, MS Contin 30mg, #45 is not medically necessary.