MAXIMUS Federal Services

Case Number:	CM14-0176504		
Date Assigned:	10/29/2014	Date of Injury:	11/05/1998
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 patient is a 41-year-old male with a date of injury on November 5, 1998. The patient was seen on August 8, 2014 complaining of persistent low back pain rated 6/10 with occasional radiation. The patient is doing well on current medications and he has been able to put reduce Xanax to once a day. He is working full-time and is very active. He is using current pain medications and drives without sedation. He is diagnosed with lumbar facet joint arthritis, low back pain, possibility of lumbar radiculopathy, and lumbar degenerative disc disease. He was prescribed MS Contin ER 30 mg 1 to 2 tablets PO Q8 hours #150 and alprazolam 0.5 mg #30 for anxiety associated with persistent pain.Peer review was performed on September 29, 2014 at which time the request for MS Contin was non-certified.An appeal has been made and the patient has submitted a letter. In the letter, the patient notes that he has failed prior medications. He notes that MS Contin 30 mg works for him and he has lowered the dosing, usually one instead of two. He notes that he has increased his functionality. He works full-time 40 hours a week. He has been working for over 12 years. He notes he is married and has a family. The patient reports the prior long-acting medications have not been tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Morphine ER (MS Contin Control Released Tablets) 30mg #150, as an outpatient for low back pain: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the cited references, while opioids are generally not recommended for chronic nonmalignant pain, opioids may be continued if there has been improvement in function. In this case, the patient is reporting the ability to work 40 hours per week and maintain a family. It is also noted that he is using the lowest dose, usually one pill. Given the patient's ability to work and carry on with his activities of daily living with a low MED, the request for this medication would be medically necessary.