

Case Number:	CM14-0177517		
Date Assigned:	10/31/2014	Date of Injury:	07/19/1999
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 & Rehabilitation, has a subspecialty in 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:

This is a male patient with a date of injury of July 19, 1999. A utilization review determination dated October 1, 2014 recommends non-certification of MS Contin 200 mg #180. A progress note dated September 18, 2014 identifies subjective complaints of lumbar pain with radiation to bilateral feet, pain is partially relieved with medication and home exercise program. The patient reports a flare up of left-sided FBSS related lumbar radicular pain limiting activity and sleep. The patient continues to report functional pain relief on current medication regimen which allows him to complete his activities of daily living and stay active. The patient states that his pain is constant, he rates his current pain level at a 7, at its best it is a 7, and on a bad day his pain is a 10. The patient described his pain as sharp, dull/aching, throbbing, pins and needles, stabbing, numbness, pressure, electrical/shooting, burning, stinging, cramping, weakness, and spasm. Patient states his pain is aggravated with cold, activity, sitting, standing, and walking. His pain is alleviated with rest, lying down, quiet, and medication. Physical examination identifies lumbar tenderness and spasm left worse than right, decreased left and right lower extremity strength, and decreased sensation to light touch of bilateral lower extremities. The diagnoses include lumbar sprain/strain, failed back surgery syndrome, lumbar degenerative disc disease, and lumbar radiculopathy. The treatment plan recommends a refill of Norco 10-325 mg, refill of MS Contin 200 mg, continue with home exercise program, moist heat, and stretches, schedule caudal epidural steroid injection, continue with Soma and trazodone. A urine drug screen obtained on June 13, 2014 was consistent for prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 200mg #180, as an outpatient for low back pain: Overturned

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, 12th edition McGraw Hill, 2010. Physician's desk Reference, 68th edition www.RxList.com. ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm-drugs.com. epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com-Opioid Dose www.agencymeddirections.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin 200mg #180, California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested MS Contin 200mg #180 is medically necessary.