MAXIMUS Federal Services

Case Number:	CM14-0024589		
Date Assigned:	06/16/2014	Date of Injury:	05/28/2007
Decision Date:	09/05/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational 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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 28, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; opioid therapy; epidural steroid injection therapy; and adjuvant medications. In a Utilization Review Report dated February 6, 2014, the claims administrator partially certified a request for MS Contin and immediate-release morphine, for tapering or weaning purposes. In a May 15, 2013 medical-legal evaluation, the medical-legal evaluator opined that the injured worker's erectile dysfunction issues had aroused as a result of his chronic pain issue.In an April 30, 2014 progress note, the injured worker presented with 5-6/10 pain, despite an earlier epidural steroid injection of April 28, 2014. The injured worker was having difficulty with sleep. The injured worker was having paresthesias about the legs. Medication included Norco, MS Contin, Lyrica, Duexis, Diovan, testosterone, Flomax, Ambien, Xanax, Lipitor. The injured worker was described as having retired from his former employment. It was stated that the injured worker felt that he was in lot of pain and using a lot of medications. A variety of opioid agents in question were refilled.On April 3, 2014, the injured worker was again described as having persistent complaints of low back and leg pain. It was noted that the injured worker was able to cook, walk, dress, shower, drive, and perform household chores, admittedly with pain. Morphine, Norco, immediate release morphine, and Sprix were endorsed. Lyrica was also introduced. No rationale for introduction of Sprix, Norco in conjunction with immediate release morphine was proffered by the attending provider. On March 6, 2014, the injured worker again stated that he was able to perform some activities of daily living, had ongoing pain complaints, and stated that epidural steroid injection therapy,

physical therapy, and Toradol injections were helpful. There was no explicit mention of the injured worker's stating that ongoing opioid usage, was, in fact, helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15MG QUANTITY 110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic,When to Continue Opioids topic Page(s): 78,80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is no longer working. The injured worker has retired from his former employment as a firefighter, apparently owing to his industrial injury. The attending provider and/or injured worker have never explicitly stated that ongoing usage of opioids have been beneficial here. The MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioid should be employed to improve pain and function. In this case, the injured worker is using four different opioids, including Sprix, Norco, immediate release morphine, and long-acting morphine. No rationale for provision of four separate opioid agents has been proffered by the attending provider. Therefore, the request for MS Contin 15 mg quantity 110 is not medically necessary and appropriate.

MSIR 15MG QUANTITY 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that the lowest possible dose of opioid should be employed to improve pain and function. In this case, however, the attending provider has furnished the injured worker with four separate opioid prescriptions, namely Duexis, morphine immediate release, MS Contin, and Norco. No rationale for provision of so many different opioids has been proffered by the attending provider. Therefore, the request for MSIR 15 mg quantity 45 is not medically necessary and appropriate.