

Case Number:	CM14-0092865		
Date Assigned:	07/25/2014	Date of Injury:	04/18/1991
Decision Date:	09/18/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 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:

Patient is an injured worker status post lumbosacral spine surgery. Date of injury was 04-18-1991. Primary treating physician's progress report dated 05-16-2014 documented subjective complaints of lumbar pain that is 10/10 without medications. Lumbar pain is 7/10 with medications and the patient can perform activities of daily living. The spinal cord stimulator trial helped with pain 50% and he was able to perform more activities. He currently does not have a spinal cord stimulator. He has increased pain. He cannot stand for a prolonged time because of leg weakness. He has leg pain and numbness. Oral pain medications help. Fentanyl patch prescription ran out 04-03-2014. CURES patient activity report was appropriate. Urine drug test was appropriate. Pill count was appropriate. Pain agreement was signed. Objective findings included lumbar tenderness, decreased lumbar spine range of motion, flexion 45 degrees, extension 10 degrees, left lower extremity weakness, left lower extremity abnormal sensation. Diagnoses were lumbar spondylosis, reflex sympathetic dystrophy, post laminectomy syndrome, myalgia, chronic pain syndrome. Treatment plan included continuing the opioid regimen. Prescription dated 05-16-2014 were MS Contin 60 mg every 8 hours and Amitriptyline 150 mg nightly. Patient is awaiting permanent spinal cord stimulator. The progress report dated 04-18-2014 documented the prescriptions MS Contin 60 mg three times a day and Amitriptyline 150 mg nightly. The progress report dated 02-28-2014 documented the prescriptions Oxycodone 15 mg twice a day and Fentanyl 100 mcg/hr patch. Procedure note dated 07-02-2013 documented the performance of a spinal cord stimulator trial. Diagnoses were failed back syndrome with instrumentation, chronic lumbar radiculopathy, diabetic peripheral neuropathy. The leads were removed 07-08-2013. The patient's treatment in the past have included medications, physical therapy, epidural steroid injections, chiropractic, and L5-S1 spine surgery. Utilization review determination date was 06-03-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Opioid dosing guidelines are presented (page 86). Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. When using single-agent opioid preparations, the dose should be slowly escalated until adequate pain relief is seen or side effects preclude further escalation. Medical records document the diagnoses of lumbar spondylosis, reflex sympathetic dystrophy, post laminectomy syndrome, myalgia, chronic pain syndrome, failed back syndrome with instrumentation, chronic lumbar radiculopathy, diabetic peripheral neuropathy, and status post lumbosacral spine surgery. On 07-02-2013, a spinal cord stimulator trial was performed with 50% improvement in pain relief. Patient is awaiting permanent spinal cord stimulator placement. The progress report dated 02-28-2014 documented the prescriptions Oxycodone 15 mg twice a day and Fentanyl 100 mcg/hr patch. The progress report dated 04-18-2014 documented the prescriptions MS Contin 60 mg three times a day and Amitriptyline 150 mg nightly. Prescription dated 05-16-2014 were MS Contin 60 mg every 8 hours and Amitriptyline 150 mg nightly. The patient has been reevaluated monthly. CURES patient activity report was appropriate. Urine drug test was appropriate. Pill count was appropriate. Pain agreement was signed. There was no evidence of aberrant behavior. Analgesia and activities of daily living have benefited. Medical records indicate long-term opioid use with regular reevaluations for chronic lumbosacral pain status post spine surgery. The request was to maintain the prescription of MS Contin 60 mg three times daily. The medical records and MTUS guidelines support the maintenance of the prescription MS Contin 60 mg every 8 hours. Therefore, the request for MS Contin 60mg #90is medically necessary.