

Case Number:	CM14-0093326		
Date Assigned:	07/25/2014	Date of Injury:	06/14/2006
Decision Date:	10/20/2014	UR Denial Date:	05/30/2014
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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 55-year-old male with an injury date of 06/14/2006. Based on the 05/20/2014 progress report, the patient complains of having pain in his lower extremities and lower back. He reports of having depression and anxiety in addition his chronic pain condition. He ambulates with a slow, nonantalgic gait. The patient had a positive straight leg raise on the right and a positive Faber's test on the right as well. Sensory exams show decreased sensation in a right L5-S1 distribution. The 04/22/2014 report indicates that the patient "has been feeling down both physically and emotionally." The patient's diagnoses include the following: 1. Chronic intractable low back pain. 2. Lumbar radiculopathy. 3. Depression. The utilization review determination being challenged is dated 05/30/2014. Treatment reports were provided from 11/26/2013 - 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic , CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88, 89.

Decision rationale: Based on the 05/20/2014 progress report, the patient complains of having lower back pain and pain in his lower extremities. The request is for MS Contin 30 mg #60. The patient has been taking MS Contin as early as 11/26/2013. The 05/20/2014 progress report indicates that MS Contin has proved to be very helpful for the patient. There are no further discussions in regards to how MS Contin has impacted the patient's pain or function. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, other than the statement that medications are helpful, there are no ADL's mentioned, no pain scales or use of validated instruments to assess pain and function, no discussion regarding any adverse side effects/behavior discussed. The request is not medically necessary and appropriate.