

Case Number:	CM14-0095860		
Date Assigned:	07/25/2014	Date of Injury:	06/14/2006
Decision Date:	10/20/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old male with a 6/4/06 date of injury. At the time (5/20/14) of request for authorization for MS Contin 15mg #60, there is documentation of subjective (chronic lower extremity and low back pain) and objective (right lower extremity strength of 4/5, positive straight leg raise and Faber test on right lower extremity, and decreased sensory exam over L5-S1 distribution) findings, current diagnoses (chronic intractable low back pain, lumbar radiculopathy, and depression), and treatment to date medications (including ongoing treatment with MS-Contin, Hydrocodone, Carisoprodol, Omeprazole, Gabapentin, Lidoderm patch, and Nabumetone). Medical report identifies that urine toxicology screen was performed for opioid monitoring. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of MS Contin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate) Avinza (Morphine Sulfate). Decision based on Non-MTUS Citation

Official Disability Guidelines Pain Chapter: Kadian (Morphine Sulfate) Official Disability Guidelines: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of MS Contin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic intractable low back pain, lumbar radiculopathy, and depression. In addition, there is documentation of ongoing treatment with MS Contin for chronic pain. However, despite documentation that urine toxicology screen was performed for opioid monitoring, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of MS Contin use to date. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 15mg #60 is not medically necessary.