

Case Number:	CM14-0165214		
Date Assigned:	10/10/2014	Date of Injury:	11/12/1996
Decision Date:	03/17/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 41 year old male who sustained an industrial related injury on 11/12/96. The injured worker had complaints of back pain, joint stiffness, and muscle aches. Diagnoses included lumbar disc disorder, low back pain, cervical pain, and chronic pain syndrome. Medications included MS Contin. The treating physician requested authorization for MS Contin IR 15mg #120 with 2 refills. On 10/7/14 the request was non-certified. The utilization review physician noted the injured worker has been taking MS Contin for a prolonged period of time. There were no acute neurologic or orthopedic impairments or specific functional impairments or any evidence of compressive radiculopathy that would necessitate the continued use of MS Contin. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin IR #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 41 year old male has complained of neck and low back pain since date of injury 11/12/96. He has been treated with medications to include opioids since at least 02/2012. The current request is for MS Contin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, MS Contin is not indicated as medically necessary.