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| Case Number: | CM14-0205960 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 08/03/1998 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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, 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 67-year-old male with an injury date of 08/03/1998. Based on the 09/29/2014, 10/28/14, and 11/25/14 progress reports all indicate that the patient complains of low back pain. None of these reports provide any positive exam findings. The patient has been diagnosed with chronic low back pain. The utilization review determination being challenged is dated 12/01/2014. Treatment reports were provided from 01/28/2013 - 12/23/2014. Treatment reports were handwritten, illegible, and brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89 and 76-78.

Decision rationale: The patient presents with chronic low back pain. The request is for MS CONTIN 30 MG #75. No positive exam findings were provided in the recent brief progress reports. The patient has been taking MS Contin as early as 01/28/2013. MTUS Guidelines pages

88 and 89 states, "The patient should be assessed at each visit, functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 76 also requires documentation of the 4A'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. None of the reports provided discuss any medications the patient is taking, nor do they discuss MS Contin. None of the 4A's is addressed in the documents provided as required by MTUS Guidelines. The treater fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. There are no outcome measures provided either as required by MTUS. In addition, urine drug screens to monitor for medicine compliant are not addressed. The treating physician has failed to address all 4A's as required by MTUS Guidelines for continued opiate use. The requested MS Contin is not medically necessary.