

Case Number:	CM14-0211469		
Date Assigned:	12/24/2014	Date of Injury:	08/22/2007
Decision Date:	03/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial injury on August 22, 2007. She has reported neck pain, left shoulder pain, lower back pain, and foot pain. The diagnoses have included lumbar/lumbosacral disc degeneration and lumbar radiculopathy/radiculitis. Treatment to date has included physical therapy, medications, and imaging studies. Currently, the injured worker complains of increased pain of the left buttock, and lower back pain radiating to the left leg and foot. The treating physician requested prescriptions for MS Contin extended release and MSIR and for outpatient pain management follow up. On November 13, 2014 Utilization Review partially certified the request for prescriptions for MS Contin extended release and MSIR with adjustments for the quantities, and certified the request for outpatient pain management follow up. The MTUS Chronic Pain Treatment Guidelines and ACOEM Guidelines were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin Extended Release 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on August 22, 2007. The medical records provided indicate the diagnosis of lumbar/lumbosacral disc degeneration and lumbar radiculopathy/radiculitis. Treatment to date has included physical therapy and medications. The medical records provided for review do not indicate a medical necessity for MS Contin Extended Release 15mg #60. The records indicate she has been using opioids for at least six months. The records also indicate that rather than improving, her pain has worsened, and she has problems walking and sleeping due to pain. The MTUS recommends to discontinue opioids if there is no overall improvement in function, unless there are extenuating circumstances, or if there is decrease in functioning. Furthermore, the MTUS states most randomized controlled trials on the use of opioids for chronic pain have been limited to a short-term period (70 days) therefore, opioids are recommended to be used for a short period if time for chronic pain management.

MSIR 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on August 22, 2007. The medical records provided indicate the diagnosis of lumbar/lumbosacral disc degeneration and lumbar radiculopathy/radiculitis. Treatment to date has included physical therapy and medications. The medical records provided for review do not indicate a medical necessity for MSIR 30mg #180. MSIR contains Morphine. The records indicate she has used it for at least six months. The records also indicate that rather than improving, her pain has worsened, and she has problems walking and sleeping due to pain. The MTUS recommends to discontinue opioids if there is no overall improvement in function, unless there are extenuating circumstances, or if there is decrease in functioning. Furthermore, the MTUS states most randomized controlled trials on the use of opioids for chronic pain have been limited to a short-term period (70 days) therefore, opioids are recommended to be used for a short period if time for chronic pain management.