

Case Number:	CM14-0211582		
Date Assigned:	12/24/2014	Date of Injury:	02/14/2003
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
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: California

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:

This is a 57-year-old female with a 2/14/03 date of injury, when she sustained injuries to her back, neck, and head while the items from her desk had fallen on her and the desk had "semi-collapsed" on her. The patient underwent a L4-S1 discectomy and fusion in 04/2011 and discectomy and right SI joint fusion on 11/13/2012. The patient was seen on 10/30/14 with complaints of unchanged pain, poor sleep quality, and decreased activity level. The patient rated her pain 8/10 without medications and 4/10 with medications. Exam findings revealed weight of 243 pounds, height of 5'7", BMI of 38.06, BSA of 2.28, and BP of 138/84. The patient has been noted to be on MS Contin 15mg TID, MS Contin 30mg TID, Oxycodone HCl 5 mg QID, Neurontin 300mg TID, muscle relaxant, and multiple other medications. The diagnosis is sacroiliac pain, shoulder pain, muscle spasm, radiculopathy, spinal/lumbar degenerative disc disease, low back pain, obesity, and hypertension. Treatment to date: 2 lower back surgeries, LESI and SI joint injections, work restrictions, chiropractic care, aquatic therapy, and medications. An adverse determination was received on 11/21/14. The request for MS Contin 15mg Er#90, TID was modified to one refill of MS Contin 15mg Er#90 for purpose of weaning to below 120 MED, with a reduction of MED by 10%-20% per week over a period of 2-3 months. The patient has been noted to be on chronic opiate therapy and her MED was 165, which exceeded the recommended MED of 120 and the medical necessity of ongoing opiate medication regimen of MS Contin was not established due to a lack of documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg Er#90, TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.
Page(s): 78-81, 93.

Decision rationale: MS Contin ER is a controlled substance containing Morphine sulfate ER. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was utilizing MS Contin 15 mg ER TID at least from 05/23/13. However, given the 2003 date of injury, the duration of opiate use to date is not clear. In addition, the patient has been noted to be on MS Contin 30mg TID, Oxycodone HCl 5 mg QID, Neurontin 300mg TID, muscle relaxant, and multiple other medications. The progress report dated 10/30 /14 indicated that despite multiple opioid medications the patient reported unchanged levels of her pain and activity. Additionally, there is a lack of documentations indicating that the patient tried to wean off of opioids in the past and there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Additionally, the patient's MED greatly exceeded the recommended MED value of 120, and given that the patient was obese and was diagnosed with hypertension, it put her at increased risk of life-threatening side-effects and death. Lastly, the UR decision dated 11/21/14 modified the request for MS Contin 15mg Er#90, TID to one refill of MS Contin 15mg Er#90 for purpose of weaning to below 120 MED, with a reduction of MED by 10%-20% per week over a period of 2-3 months. Therefore, the request for MS Contin 15mg Er#90, TID was not medically necessary.