

Case Number:	CM14-0215616		
Date Assigned:	01/05/2015	Date of Injury:	10/09/2005
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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: Physical Medicine & Rehabilitation

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 49 year old female with a work related left heel and low back injury dated 10/09/2005 after a fall. According to a pain progress note dated 11/11/2014, the injured worker presented for chronic low back pain follow up. Diagnoses included low back pain, lumbar disc degeneration, lumbar facet arthropathy, chronic pain due to trauma, post lumbar spine surgery syndrome, and sacroiliac joint arthropathy. Treatments have consisted of L3-S1 fusion in September 2013, physical therapy, and medications. Diagnostic testing included lumbar spine x-ray dated 06/02/2014 which noted post fusion changes from L3 to S1 and mild degenerative changes above level of fusion and in the thoracolumbar junction, unchanged appearance compared to 11/04/2013. Work status is noted as unable to return to work On 12/12/2014, Utilization Review modified the request for MS Contin 100mg #120 to MS Contin 100mg #80 for purposes of continued opioid taper for discontinuation over the course of the next 2-3 months citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated there was no documentation of clinical efficacy with prior use as demonstrated by reduction in VAS pain scores and either a return to work or significantly improved tolerance to specified activities that is measured and compared with and without MS Contin, an absence of aberrancy with copies of urine drug screen report for review, reasons why the pain management specialist has not taken over prescribing of all opioids as the cited guidelines recommend that narcotic analgesics be provided by only one physician and a pain contract should be signed with agreement to that stipulation, or further attempts to reduce opioid

requirements. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain, right leg pain, withdrawal symptoms, and depression. The treater has asked for modified certification for MS Contin #80 for purposes on 11/4/14. The patient has been taking 4-8 Norco daily and Fentanyl every 48 hours, but tried to stretch it to 72 hours unsuccessfully per 8/26/14 report. The patient needs a refill of Norco, and has been off Fentanyl for 2 weeks now and would like to start MS Contin at a lower dose than the conversion per 11/4/14 report. The patient was previously authorized for MS Contin #90 per utilization review letter dated 12/12/14, but date of authorization was not included in utilization review letter. For chronic opioids use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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. MTUS supports slow taper of opiates when being weened. In this case, the treater does not indicate a decrease in pain with current medications which include MS Contin. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. However, the patient has been off of duragesic patch, which is now being converted to MS Contin 100mg's. The current request appears to have already been authorized by UR for the purposes of tapering. Slow taper of opiates is supported by MTUS. The request is medically necessary.