

Case Number:	CM15-0009093		
Date Assigned:	01/27/2015	Date of Injury:	02/02/2001
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female sustained an industrial injury on 1/27/01, with subsequent ongoing back pain. EMG/NCV (6/30/08) showed mild left S1 radiculopathy. Magnetic resonance imaging lumbar spine (8/12/08) showed degenerative disk disease and mild spinal stenosis. The injured worker underwent intradiscal electrothermy at L4-6 and L5-S1. In a PR-2 dated 10/27/14, physical exam was remarkable for a slow, guarded antalgic gait, tenderness to palpation to the lumbar spine at the midline from L2-S1, at bilateral paravertebral muscles and, bilateral lumbar fact at L3-S1 with restricted and painful range of motion of the thoracic and lumbar spine. Straight leg raise and Lasegues's test were positive on the left. Motor exam revealed mild weakness to the left lower extremity. Sensory exam showed hypoalgesia in distribution of left L5-S1 nerve root. Current diagnoses included lumbar degenerative disk disease, bilateral lumbosacral radicular pain, intractable lower back pain, morbid obesity and questionable hypertension. Work status was permanent and stationary. Current medications included MS Contin, Prozac, Trazodone, Celebrex and Soma. On 12/27/14, Utilization Review noncertified a request for MS Contin 100mg #270 noting that the injured worker did not appear to be a candidate for chronic opioid therapy and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Use of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

Decision rationale: MS Contin 100mg #270 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for continued MS Contin 100mg #270 is not medically necessary.