MAXIMUS Federal Services

Case Number:	CM15-0012916		
Date Assigned:	01/30/2015	Date of Injury:	12/15/1998
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Arizona
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:

The injured worker is a 58-year-old male who reported an injury on 12/15/1998. The mechanism of injury was not provided. His diagnoses were noted as degeneration of the lumbar disc, postlaminectomy syndrome, lumbosacral radiculitis, and lumbago. Past treatments were noted to include medication and activity modification. During the assessment on 12/19/2014, the injured worker complained of low back pain that radiated to the lower extremities. The patient indicated that because the insurance carrier would only authorize nortriptyline and gabapentin, he has been having to self procure the MS Contin. He indicated that the MS Contin was absolutely necessary to maintain his functional capacity. He indicated that he was in more pain because he could only afford 30 instead of 6 tablets per month. The physical examination revealed tenderness and hypertonicity in the paravertebral muscles of the lumbar spine. The range of motion of the lumbar spine revealed flexion of 10 degrees, extension, bilateral flexion, and bilateral rotation of less than 5 degrees. His medications were noted to include bupropion SR 150 mg, gabapentin 600 mg, MSIR 30 mg, and nortriptyline 25 mg. The treatment plan was to continue with the current regimen. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of MSIR 30 mg # 90: 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.

Decision rationale: The request for 1 prescription of MSIR 30 mg #90 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with use of random drug screenings as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no quantified information regarding pain relief, including a detailed assessment of the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There is a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.