

Case Number:	CM15-0013078		
Date Assigned:	01/30/2015	Date of Injury:	07/13/2003
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 66 year old male, who sustained an industrial injury on 7/13/03. He has reported back pain. The diagnoses have included spinal/lumbar degenerative disc disease and low back pain. Treatment to date has included medications and weight loss program. Currently, the injured worker complains of lower backache. The progress report dated 12/1/14 revealed the pain level was unchanged from previous visit. Quality of sleep is good and he is not trying other therapies for pain relief. On 1/14/15 Utilization Review submitted a modified prescription for M-S Contin 15mg #120 modified to #75, noting the long term use of opioids is not recommended, modified prescription for weaning. The MTUS, ACOEM Guidelines, was cited. Limited range of motion of lumbar spine is noted and palpation of paravertebral muscles, noted tenderness, hypertonicity and spasm. 1/15/15, the injured worker submitted an application for IMR for review of M-S Contin 15mg #120 modified to #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 66 year old male has complained of low back pain since date of injury 7/13/03. He has been treated with physical therapy and medications to include opioids since at least 11/2014. The current request is for MS Contin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, MS Contin is not indicated as medically necessary.