

Case Number:	CM15-0013717		
Date Assigned:	02/02/2015	Date of Injury:	03/20/2007
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/23/2015

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

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 50-year-old male with a reported date of injury on 03/20/2007. The mechanism of injury is not provided for review. The diagnoses include multilevel lumbar spondylolisthesis/disc degeneration; cervical disc degeneration; and chronic low back pain with probable right sided L5-S1 radiculopathy. An MRI of the lumbar spine performed on 10/21/2014 was noted to reveal degenerative changes at multiple levels, with the most prominent findings demonstrating significant tightening of the thecal sac at L1-2 and L4-5; moderate to significant foraminal narrowing at L4-5 more prominent on the left than right; old bilateral L5 pars defects of grade 1 anterolisthesis of L4, and subtle retrolisthesis of L5. The injured worker's previous treatments were noted to include modified work activities. In addition, it was noted the injured worker had been being treated with Norco 10/325 mg 3 times a day. A neurosurgery consult dated 01/09/2015 noted the injured worker presented with low back pain that was getting worse over time. It was noted within this clinical note that the injured worker and his wife were concerned that the Norco 10/325 mg 3 times a day is not sufficient for pain relief. There was no actual objective physical examination provided. Under the treatment plan, it was noted that the physician increased the injured worker's Norco to 4 times a day as needed for breakthrough pain, and was prescribing MS Contin 15 mg to be taken twice a day for baseline pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS contin 15mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use, Opioids for neuropathic pain Page(s): 75, 76-80, 83-84.

Decision rationale: According to the California MTUS Guidelines, long acting opioids may be recommended for patients with chronic pain who are needing around the clock continuous treatment. The guidelines continue to state patients who are prescribed opioid medications require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Additionally, the guidelines also state that when adjustment of medications is required, only 1 drug should be changed at a time. While it was noted in the documentation that the injured worker had chronic low back pain, there was a lack of evidence with the documentation that the injured worker required additional pain medication, as there is not an adequate pain assessment provided for review. Additionally, the guidelines only recommend 1 opioid medication be changed or initiated at a time. The documentation indicates that the injured worker was prescribed a new opioid medication (MS Contin) and the Norco that was previously prescribed was increased. Furthermore, it appears that the injured worker is being prescribed the opioid medications for treatment of neuropathic pain associated with significant lumbar degenerative changes. The treatment guidelines state that morphine is the least effective medication for treatment of neuropathic pain and should not be recommended unless other first line medications have been tried and failed. There is lack of evidence that other more appropriate medications have been tried and failed prior to the consideration of this request. Therefore, the request for MS Contin 15 mg quantity 60 is not medically necessary.