MAXIMUS Federal Services

Case Number:	CM15-0014957		
Date Assigned:	02/02/2015	Date of Injury:	02/20/2001
Decision Date:	05/28/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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 65-year-old female, with a reported date of injury of 02/20/2001. The diagnoses include chronic low back pain, status post posterior fusion at L5-6 and L6-S1, failed lumbar back surgery, and neuropathic burning pain in the leg. Treatments to date have included oral medications. The medical report dated 12/23/2014 indicates that the injured worker complained of constant pain in her back, with shooting pain in her right leg. She stated that she could not function without pain medications. The injured worker rated her pain 8 out of 10; at best 4 out of 10 with her medications; and 10 out of 10 without medications. She reported 50% reduction in her pain and 50% functional improvement with activities of daily living with medications. The physical examination showed limited low back range of motion, positive bilateral straight leg raise, and ambulation with a limp. It was noted that the injured worker was under a narcotic contract and the urine drug screens were appropriate. The treating physician requested MS Contin 30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug List, Opioids for Chronic Pain, Opioids, Criteria for Use, Weaning of Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: According to the 12/23/2014 report, this patient presents with "constant pain again in her back, shooting pain in her right leg with a burning sensation and severe cramps at night". The current request is for MS Contin 30mg #90 and this medication was first mentioned in the 10/30/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 12/29/2014. The patient's work status is "on Social Security disability; she is not working". For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. Review of the reports show that the patient "cannot function without her medications. She rates her pain an 8/10; at best a 4/10 with her medications, a 10/10 without them. She reports 50 % reduction in her pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all". UDS's "have been appropriate". While the treater provides analgesia and a brief assessment of the patient's function along with UDS, the documentation does not meet MTUS guidelines. Specific ADL's must be documented to show significant improvement, or the use of validated instrument showing functional improvement. Outcome measures are required as well. A statement that there is 50% improvement with ADL's is inadequate. The request is not medically necessary.