

Case Number:	CM15-0015578		
Date Assigned:	02/03/2015	Date of Injury:	10/13/1999
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 61 year old female sustained an industrial injury on 10/13/99, with subsequent ongoing low back pain. The injured worker underwent lumbar fusion at L3-S1 in 2005, with hardware removal in 2008. In a PR-2 dated 1/13/15, the injured worker complained of midline low back pain, rated 9/10 on the visual analog scale without medications and 6/10 with medications. The injured worker reported that medications allowed her to complete activities of daily living. The injured worker also complained of a six day history of severe gastroesophageal reflux disease and vomiting with meals. Physical exam was remarkable for tenderness to palpation to the lumbar spine paravertebral muscles with spasm, intact motor and sensation and restricted range of motion. Straight leg raise was negative. The physician noted that the injured worker appeared depressed, fatigued, very pale and ill appearing. Current diagnoses included lumbar post laminectomy syndrome, lumbar spinal stenosis, depressive disorder and incontinence without sensory awareness. The treatment plan included continuing MS Contin wean at three per day, seeing her primary care physician for gastroesophageal reflux disease symptoms and obtaining ongoing psychiatric care. On 1/22/15, Utilization Review modified a request for MS Contin 15mg 1 tab every 8 hours #90 with 2 refills, prescribed 1/13/15 to MS Contin 15mg 1 tab every 8 hours #90 with no refills, prescribed 1/13/15 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 15mg 1 tab every 8 hours #90 with 2 refills, prescribed 1/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework”. There is no clear documentation of patient improvement in level of function and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continues use of narcotics. The patient has been taking Ms Contin for a longtime without any substantial pain relief or functional benefits. Therefore, the request of MS Contin 15mg 1 tab every 8 hours #90 with 2 refills is not medically necessary.