

Case Number:	CM15-0115262		
Date Assigned:	06/23/2015	Date of Injury:	10/24/2005
Decision Date:	07/23/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/15/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 57 year old male patient who sustained an industrial injury on 10/24/2005. The accident was described as while working regular duty as a roofer he was lifting a roll of felt and experienced a sudden onset of back pain. Subsequently, he underwent surgical repair of disc herniation on 01/2006. A primary treating office visit dated 07/14/2009 reported subjective complaint of having been performing land exercises during physical therapy session which seem to have aggravated his low back pain. He states having a left sided low back pain which is stabbing like. The patient did receive authorization to undergo additional physical therapy session. He is also been utilizing the transcutaneous nerve stimulator unit which has been helpful. He also walks about a quarter of a mile daily. He further states that with this activity he notices a twitching of his left knee. He performs daily morning stretches. Current medications are: MC Contin 15mg BID; Norco 10/325mg two TID, Neurontin 800mg TID and Restoril. The following diagnoses are applied: status post microdiscectomy at L3-4, redo discectomy at L5-S1 01/06/2009, prior history of discectomy on 01/2006 at L5-S1; and magnetic resonance imaging scan form 07/2008 shown large left paracentral recurrent disc herniation at L5-S1 and disc protrusions at L3-4 and L4-5. He is to pursue consultation follow up for spinal fusion, continue home exercise and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking MS Contin since at least 2008 and there is objective documentation of some functional improvement or decrease in pain. However, the injured workers pain levels have increased enough that the physician states that a new MRI is needed to assess cause of pain. The injured worker also relies on a back brace for pain control. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription of MS Contin 15mg #90 is determined to not be medically necessary.