

Case Number:	CM15-0116511		
Date Assigned:	06/22/2015	Date of Injury:	03/14/2008
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male, who sustained an industrial injury on 3/14/2008. Diagnoses include post-laminectomy pain syndrome, lumbar radiculopathy and myofascial pain syndrome. Treatment to date has included medications including Amitriptyline, Celebrex, Cymbalta, Lyrica, and MS Contin. Per the Primary Treating Physician's Progress Report dated 5/04/2015, the injured worker reported lower back pain that radiates down both his legs. He rated his pain level without medications as 8-9/10 and 5/10 with medications. Physical examination revealed moderate palpable spasms of the bilateral lumbar paraspinal musculature with positive twitch response, right greater than left and decreased sensation bilateral lower extremities in L5 distribution. Straight leg raise was positive at 45-60 degrees on the left. The plan of care included medications and authorization was requested for MS Contin 100mg #36.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 100mg #36: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for continued Opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustained a work injury in March 2008 and continues to be treated for radiating back pain including a diagnosis of post-laminectomy syndrome. Medications are referenced as decreasing pain from 8-9/10 to 5/10. When seen, there was minimal sacroiliac joint tenderness. . The claimant's BMI was nearly 35. MS Contin was prescribed with instructions to take 100 mg two times per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.