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| Case Number: | CM15-0119477 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 03/16/1998 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 67 year old male, who sustained an industrial injury on 03/16/1998. The injury occurred after he slipped and fell. Treatment to date has included medications, surgeries, injections, spinal cord stimulator trial and therapy. His most recent lumbar spine surgery was on 02/23/2015. Medications tried included Norco and Dilaudid. According to a progress report dated 02/03/2015, urine screens were performed on 01/07/2013 and 03/12/2014. The urine drug screen results were not submitted for review. According to a pain management progress report dated 05/14/2015, the injured worker reported pain in his entire body. Pain was rated 8 on a scale of 1-10. Sitting increased pain. Exercise and stretching decreased pain. Current medications were not providing a modicum of relief. Medications included Opana and Nucynta. Location of pain included the neck, low back and bilateral hips left greater than right. He was on disability and worked part-time as an IT repairman, running his own business. Assessment included cervical spine pain, cervical radiculitis, degenerative disc disease cervical spine, postlaminectomy syndrome cervical spine, lumbosacral neuritis not otherwise specified, postlaminectomy syndrome lumbar spine, degenerative disc disease lumbar intervertebral disc lumbosacral, facet joint syndrome lumbar spine and ossification of posterior longitudinal ligament not otherwise specified. Opana ER was discontinued. The injured worker was to start MS Contin. Prescriptions included MS Contin 60mg 1 tab every 8 hours for 30 days #90 with no refills and Nucynta 75mg 1 by mouth three times a day as needed 30 days, #90 with no refills. The medical management agreement was discussed, including random urine screens. The injured worker was to return in 4 weeks for medication follow up. On 05/28/2015, the injured worker was seen by his spine

surgeon. He was improved compared to pre-op and was scheduled to start physical therapy. He complained of some burning pain in the anterior left thigh. Recommendations included start physical therapy restricted activity, x-rays for next visit and meds per pain management provider. He was to return to modified duty from 05/28/2015. Modified duty restrictions included other-sedentary. Currently under review is the request for MS Contin ER 60mg 1 tab q 8H #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 60mg 1 tab q 8H #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend continuation of opioids if the injured worker had returned to work and if the patient has improved functioning and pain. The injured worker was first prescribed MS Contin on 05/14/2015 because his current medication wasn't adequate. The injured worker had tried Norco, Dilaudid and Opana ER. He was scheduled for a medication follow up in 4 weeks. Two weeks later, the injured worker saw his spine surgeon on 05/28/2015 who noted that he was improved compared to pre-op and recommended a return to modified duties. As such, the request for MS Contin is medically necessary.