

Case Number:	CM15-0121949		
Date Assigned:	07/06/2015	Date of Injury:	10/13/2009
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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, 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 63 year old female who sustained a work related injury October 13, 2009. While carrying something heavy, she felt pain in her lower back. Past history included lumbar surgery October 2012 and GERD (gastroesophageal reflux disease). According to a primary treating physician's progress report, dated May 29, 2015, the injured worker presented for further evaluation of her chronic low back pain. She has failed back surgery syndrome but when using Norco and MS Contin her pain decreases to a 4/10 from a 9/10 without medication. She reports with medication she is able to walk 3-6 hours longer than without medication and she wants to find a physician who will issue her a medical marijuana card, which may also help with pain. She is amenable to decreasing her medications and the physician documents starting the weaning process of the Norco and MS Contin. Current medications also included Wellbutrin XL, Wellbutrin, MS Contin 30mg ER, Gabapentin, Estradiol, Prilosec (over the counter), Baclofen, Skelaxin, Clonazepam, Zofran and over the counter antacids. Objective findings included tenderness to palpation at the lumbosacral junction and pain with straight leg raise bilaterally in the seated position. Diagnoses are chronic low back pain, bilateral lower extremity radicular symptoms; depression/ anxiety; insomnia. Treatment plan included adjustments of medication. At issue, is the request for authorization for MS Contin 15mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function and pain reduction was documented. The patient is noted to be more able to move around and walk during and was felt to lie in bed mostly without narcotic pain medications. However, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Therefore, this request is not medically necessary.