

Case Number:	CM15-0129164		
Date Assigned:	07/15/2015	Date of Injury:	07/14/2011
Decision Date:	08/27/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/02/2015

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 40 year old female who sustained an industrial injury on 07/14/2011. Mechanism of injury was not found in documents provided for review. Diagnoses include lumbago-low back pain, S1 joint dysfunction, trochanteric bursitis, encounter for long term use of medications, and knee pain-lower extremity. Comorbid diagnoses includes asthma, hypertension. Treatment to date has included diagnostic studies, medications, trigger point injections, and medial branch blocks- that did not help. Her medications include Miralax, Lorazepam, Sonata, Flexeril, and Ibuprofen. She is not working. An undocumented Magnetic Resonance Imaging of the lumbar spine showed facet joint arthropathy at L4-5 and L5-S1. A physician progress note dated 06/01/2015 documents the injured worker complains of pain in the right hip, lower back, and some pain in the neck. She reports her medications are not helping her much. She has a nail like feeling in her bilateral knees. She rates her pain as 9 out of 10 with medications. Her cervical spine is tender to palpation and she has decreased range of motion. She has tenderness to palpation at the lumbar spine, facet joints and has decreased range of motion. Previously the injured worker has been taking Oxycodone-Acetaminophen 10-325mg 1 tablet every 4 hours as needed. The treatment plan includes physical therapy for 12 visits with emphasis on the knees, pelvis and hip. Treatment requested is for 180 MSIR 15 MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 MSIR 15 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.