

Case Number:	CM15-0174592		
Date Assigned:	09/16/2015	Date of Injury:	06/16/1999
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 72 year old female, who sustained an industrial injury on 6-16-1999. Diagnoses include lumbar disc disorder, lumbar radiculopathy, post lumbar laminectomy syndrome, lumbar-lumbosacral disc degeneration and blood disorder. Treatment to date has included surgery (2001), diagnostics, physical therapy, and medication management. Current medications as of 6-22-2015 include Zanaflex, MS Contin, Gabapentin, Exforge, Pradaxa and Sotalol. Per the Primary Treating Physician's Progress Report dated 6-22-2015, the injured worker presented for a periodic office visit. She reported pain with medications as 7 out of 10, no new problems or side effects and quality of sleep is poor. Activity level has remained the same. Objective findings of the lumbar spine included loss of normal lordosis and restricted range of motion with flexion limited to 35 degrees and extension limited to 7 degrees with pain. There was paravertebral muscle tenderness and a tight muscle band on both sides upon palpation, positive SLR, gluteal muscle atrophy, decreased sensation in lower extremity There were trigger points with radiating pain and twitch response on palpation at lumbar paraspinals on the right and left. The patient has had slow and antalgic gait Per the medical records dated 3-24-2015 to 7-14-2015 there was no documentation of improvement in symptomology, an increase in activities of daily living or a decrease in pain levels with the current treatment. The plan of care included refills of opioid pain medication (MS Contin 60mg) and authorization was requested on 8-12-2015 for MS Contin 60mg #60. On 8-19-2015, Utilization Review modified the request for MS Contin 60mg #60 for weaning purposes. The patient has had UDS on 4/16/13 and on

11/4/2008 that was consistent. The patient has had an EMG of the lower extremity on 1/10/11 that revealed lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request MS Contin 60mg #60. MS Contin 60mg #60 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Diagnoses include lumbar disc disorder, lumbar radiculopathy, post lumbar laminectomy syndrome, lumbar-lumbosacral disc degeneration and blood disorder. Treatment to date has included surgery (2001), Per the Primary Treating Physician's Progress Report dated 6-22-2015, she reported pain with medications as 7 out of 10, no new problems or side effects. Objective findings of the lumbar spine included loss of normal lordosis and restricted range of motion with flexion limited to 35 degrees and extension limited to 7 degrees with pain. There was paravertebral muscle tenderness and a tight muscle band on both sides upon palpation, positive SLR, gluteal muscle atrophy, decreased sensation in lower extremity. There were trigger points with radiating pain and twitch response on palpation at lumbar paraspinals on the right and left. The patient has had a slow and antalgic gait. The patient has had UDS on 4/16/13 and on 11/4/2008 that was consistent. The patient has had EMG of lower extremity on 1/10/11 that revealed lumbar radiculopathy. There is no evidence of aberrant behavior. Patient has had a trial of non opioid medications including muscle relaxants and Gabapentin for this injury. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain. The medication MS Contin 60mg #60 is medically necessary and appropriate in this patient.