

Case Number:	CM15-0178602		
Date Assigned:	09/18/2015	Date of Injury:	02/27/2004
Decision Date:	10/29/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 45 -year-old male who sustained an industrial injury on February 27, 2004. Diagnoses have included failed low back surgery syndrome, herniated disc at L4-5, disc degeneration with severe disc space narrowing L4-5 and L5-S1, chronic pain syndrome, and medication induced gastritis. Documented treatment includes spinal fusions at L5-S1 with an extension at L4-5, transforaminal epidural steroid injection with "minimal" benefit, and medications including Norco, Robaxin, MS Contin, Gabapentin and Ketoprofen. Medication is reported to bring his pain from 8-9 out of 10 to 4-5, and helps improve his functionality, including performing activities of daily living. Last urine toxicology was performed February 28, 2015 and reported as "consistent." The injured worker has been reporting worsening intermittent low back pain described as "burning and stabbing." The pain is radiating down his left lower leg to the foot, and he rates it at 8 out of 10, but he does also report that he feels "stabbing, numbness, and burning" in both legs and feet. He also experiences neck pain rated at 7 out of 10 which radiates to his shoulders, but not down his arms. Pain has been interfering with sleep. The physician's examination on August 10, 2015 noted that he had pain in all planes with range of motion, decreased sensation at the left L5 dermatome, and straight-leg raise was positive on the right and left. The treating physician's plan of care includes an approved spinal cord stimulator which is anticipated to help reduce the need for opioid medication. Request was submitted for refill of 60 MS Contin 15 mg. which was modified to a prescription for 20. His current work status is with restrictions only, but there is no documentation stating whether has been accommodated by his employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of 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 any 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." Review of the available medical records reveals insufficient documentation to support the medical necessity of MS Contin nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per the medical records, it is noted that the injured worker reported medication reduces pain from 8-9/10 to 4-5/10 and helps improve his functionality. It was noted that he increased his walking distance by 10-15 minutes. He reported that he is "able to do everything I need to do" with the medication. He reports that he can increase the amount of cooking, cleaning, and perform his daily chores. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 2/28/15 was noted to be consistent with prescribed medication. I respectfully disagree with the UR physician, the documentation supports the ongoing use of opiates. The request is medically necessary.