

Case Number:	CM15-0039396		
Date Assigned:	03/09/2015	Date of Injury:	02/03/1997
Decision Date:	04/15/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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, 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 was a 63 year old male, who sustained an industrial injury, February 3, 1997. According to progress note of May 27, 2014, the injured workers chief complaint was 6 episodes of breakthrough back pain, otherwise pain level 3 out of 10; 0 being no pain and 10 being the worse pain. The pain level was higher in the morning 5 out of 10. In the past the injured worker has taken oxycodone up to 300mg per day. The oxycodone gave the injured worker the best relief, but the injured worker had not tried MS Contin in the past. The physical exam noted lumbar flexion of 20 degrees aggravated the back pain, as well as side bending. There was tenderness left superior cluneal nerve region over the left iliac crest. The sensory exam noted abnormalities of decreased sensation left L4 and L5 and S1 distribution and right distal toe numbness. The injured worker was diagnosed with depression, anxiety, lumbar radiculopathy, neuritis of the legs, and post laminectomy syndrome. The injured worker previously received the following treatments oxycodone, Lyrica, stratus post laminectomy, x-ray of the lumbar spine and physical therapy. The treatment plan included prescription drug generic of MS Contin 15mg 2 two times a day #120 tablets, the injured worker has taken oxycodone in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 93.

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 nonadherent) 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. May 27, 2014, reveals no documentation to support the medical necessity of MS Contin 15 mg nor any 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 pain relief, functional status improvement, appropriate medication use, 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. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.