

Case Number:	CM15-0061561		
Date Assigned:	04/07/2015	Date of Injury:	07/23/1990
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, 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 62-year-old male, who sustained an industrial injury on 7/23/1990. He reported injury to the low back and left hip when hitting the left hip on a table. Diagnoses include lumbago, muscle spasm, and neuralgia, neuritis and radiculitis. Treatments to date include medication therapy, home exercise, TENS unit, trigger point injections and epidural steroid injections. Currently, he complained low back pain associated with burning, muscle spasms, numbness, tingling and weakness. On 3/4/15, the physical examination documented bilateral paraspinal tenderness, spasm and positive straight leg raise test. The plan of care included a plan to decreased MSIR 15 mg to twice a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not 1st line for lumbar root pain or compressive or mechanical etiologies. In addition, the combined daily dose of Morphine should not exceed 120 mg. In this case, the claimant had been on MSContin for several months with a combined dose exceeding 120 mg. In addition, the pain had only reduced from 9/10 to 7/10. The continued use of MSContin 15 mg is not medically necessary.

MS CONTIN 60MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not 1st line for lumbar root pain or compressive or mechanical etiologies. In addition, the combined daily dose of Morphine should not exceed 120 mg. In this case, the claimant had been on MSContin for several months with a combined dose exceeding 120 mg. In addition, the pain had only reduced from 9/10 to 7/10. The continued use of MSContin 60 mg is not medically necessary.

MSIR 15MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not 1st line for lumbar root pain or compressive or mechanical etiologies. In addition, the combined daily dose of Morphine should not exceed 120 mg. In this case, the claimant had been on MSContin for several months with a combined dose exceeding 120 mg. In addition, the pain had only reduced from 9/10 to 7/10. The continued use of MSIR 15 mg is not medically necessary.