

Case Number:	CM15-0062203		
Date Assigned:	04/08/2015	Date of Injury:	09/07/2012
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on 9/7/2012. He reported feeling a pop and severe pain in the low back and right leg. Diagnoses have included lumbar post-laminectomy syndrome and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included lumbar laminectomy, epidural steroid injection, physical therapy and medication. According to the progress report dated 3/16/2015, the injured worker reported 80% relief from a caudal epidural steroid injection done January 12. He complained of low back pain radiating down his legs much improved, left shoulder pain, bilateral hip pain and depression caused by chronic pain. He rated his worse pain as 9/10, least pain as 4/10 and usual pain as 6/10. Current medications included Norco, MS Contin, Gabapentin and Naprosyn. Physical exam revealed positive straight leg raise test bilaterally for lower back pain and radicular pain. There was diffuse facet tenderness bilaterally. Facet loading test was positive bilaterally. Authorization was requested for MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There has been no objective documentation of functional improvement noted with current opioid medications. Additionally, there is no documentation of urine drug screen results to confirm current compliance and efficacy has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue opioid treatment. The request for MS Contin 15mg #90 1 Refill is determined to not be medically necessary.