

Case Number:	CM15-0074927		
Date Assigned:	04/24/2015	Date of Injury:	02/03/1997
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 65 year old male, who sustained an industrial injury on 02/03/1997. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care/therapies, medications, CT scans, lumbar laminectomy, trigger point injections, and epidural steroid injections. Currently, the injured worker complains of ongoing low back pain. The injured worker had previously been on MS Contin which had been reduced from 2 tablets twice daily to 1 tablet twice daily. This medication was changed to OxyContin due to drowsiness issues. Per the exam dated 04/01/2015, the injured worker reported that he was taking more of the OxyContin than prescribed due to pain. Other current medications include morphine sulfate, Norco and Zohydro ER. The diagnoses include depressive disorder, fibromyalgia, lumbar radiculopathy, neuritis leg, and post laminectomy syndrome. The treatment plan consisted of MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 15 mg tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. 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 aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. Medical records document a history of chronic low back pain. MS Contin 15 mg was requested on 4/2/15. MS Contin is controlled release Morphine Sulfate. The primary treating physician's progress report dated 3/6/15 documented that Morphine Sulfate was discontinued. The patient reported that Morphine Sulfate is not as effective as Oxycodone. His pain management is not as good. He also feels tired with the Morphine Sulfate. MS Contin made him very drowsy, wanted to fall asleep. The patient reported inadequate analgesia with Morphine Sulfate. The patient reported adverse side effects with MS Contin. The request for MS Contin is not supported by MTUS guidelines. Therefore, the request for MS Contin is not medically necessary.