

Case Number:	CM15-0078506		
Date Assigned:	04/29/2015	Date of Injury:	04/21/2011
Decision Date:	06/08/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: Physical Medicine & Rehabilitation, 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 04/21/2011. He has reported injury to the right knee, right hip, and low back. The diagnoses have included lumbar lumbosacral radiculitis; status post L4-5 and L5-S1 lumbar fusion on 05/16/2012; status post lumbar fusion L3-4, L4-5, and L5-S1 on 07/24/2013; and postlaminectomy syndrome. Treatment to date has included medications, diagnostics, physical therapy, intrathecal pain pump, and surgical intervention. Medications have included Tylenol, MS Contin, MSIR, and Senokot. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with cramping and pain in the right calf; pain is rated at 7/10 with medications. Objective findings included tenderness in the paravertebral muscles of the lumbar spine; tenderness at the bilateral sacroiliac joints; decreased sensation over the right thigh, right third, fourth, and fifth toes, and lateral aspect of the right foot. The treatment plan has included the request for MS (morphine sulfate) Contin 60 mg quantity 30, 1 tab by mouth every 12 hours and blood patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 60 mg Qty 30, 1 tab by mouth every 12 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78-80, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for MS Contin, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding appropriate/aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin is not medically necessary.

Blood Patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20091522>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1238256/>.

Decision rationale: Regarding the request for a blood patch, CA MTUS does not address the issue. A search of the National Library of Medicine reveals that it is a safe and effective treatment for postlumbar-puncture headaches. Within the documentation available for review, the provider reports headaches after implantation of the intrathecal pain pump in December of 2014. However, the utilization review noted that, in teleconference with the provider, the provider noted that he did not request the blood patch and instead recommended investigating the catheter first. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested blood patch is not medically necessary.