

Case Number:	CM15-0098103		
Date Assigned:	05/29/2015	Date of Injury:	10/16/1997
Decision Date:	07/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 65 year old female sustained an industrial injury to the back on 10/16/97. The injured worker underwent major scoliosis revision surgery on 10/4/12. Recent treatment included medications, acupuncture and daily walking. In a pain medicine reevaluation dated 4/23/15, the injured worker complained of low back pain with radiation to bilateral lower extremities associated with numbness. The injured worker also complained of difficulty sleeping, constipation and urinary incontinence. The injured worker rated her pain 3/10 on the visual analog scale with medications and 6/10 without. Physical exam was remarkable for tenderness to palpation to the trapezius muscles with limited range of motion and tenderness to palpation to the lumbar spine with decreased sensation to the L5 distribution. There was no flexion to the lumbar spine. The injured worker bent at the hip. Current diagnoses included chronic pain, lumbar post laminectomy syndrome, lumbar spine radiculopathy, status post lumbar fusion, iatrogenic opioid dependency and fatty liver. The treatment plan included continuing home exercise, continuing acupuncture and continuing medications (Cymbalta, Lyrica, MS Contin and Morphine Sulfate IR) with a plan to wean MS Contin at the next office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin CR 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that MS Contin 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 objective functional improvement and percent reduction in pain or reduced NRS from this medication use). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.