

Case Number:	CM14-0141904		
Date Assigned:	09/10/2014	Date of Injury:	10/24/2001
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient date of injury is 5/26/14. A qualified medical examiner (QME) report from 2/7/14 noted that she had constant lumbar pain radiating to her buttocks and also tingling in her legs. She also had chronic neck pain .It was noted that she had an magnetic resonance imaging (MRI) in 2001 of her lumbar spine showing spinal cord stenosis. A cervical MRI showed bulging discs at C5-C6. In 2008 she underwent lumbar spine surgery but her symptoms did not improve. Her diagnoses were L-S strain/o lumbar stenosis s/p surgery, chronic cervical strain with spondylosis, and s/p bilateral carpal tunnel surgeries. On 8/6/14 there is a note from her chronic pain specialist and orthopedist stating that she had come in for a med check. The M.D. noted that she had lumbar degenerative joint disease, back pain, radiculitis, cervical pain and lumbar radiculopathy. He noted that he was tapering down her pain meds and ordered her to taper off of her MS Contin and that he will monitor the Oxycodone treatment and also order chiropractic treatment. He requested authorization for MS contin 15 mg bid but that was refused by the UR committee on 8/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MED SECTION Page(s): 93 AND 96.

Decision rationale: MS contin is a long acting morphine medication and is an opioid and therefore can cause side effects such as addiction, dependence, constipation, and respiratory depression. The California Medical Treatment Utilization Schedule (MTUS) states that extended release opioids should be reserved for patients who need continuous treatment for chronic pain. It also states that oral morphine is not recommended as primary treatment for persistent pain and that the use of opioid analgesics is controversial for non-cancer pain. However, it does state that there is one study showing that P.O. morphine gives analgesic benefit and low risk of addiction but is unlikely to yield psychological or functional improvement. In the above patient we note that the treating M.D. is attempting to taper off of the MS contin, the long acting agent and control her with the shorter acting opioid, Oxycodone .However, in order to do this he needs to have a supply of MS contin tablets. Sudden withdrawal is not judicious and it would not be in the patient's best interests. Therefore, I am reversing the UR decision and authorizing that the patient should be provided with the MS contin medicine in order to facilitate her tapering regimen.