

Case Number:	CM13-0013147		
Date Assigned:	06/06/2014	Date of Injury:	04/28/2007
Decision Date:	07/11/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/16/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 51-year-old male was reportedly injured on 4/28/2007. The mechanism of injury was not listed. The most recent progress notes, dated 5/27/2013 and 7/22/2013, indicate there were ongoing complaints of severe stabbing pain in the right rib cage area where he has had previous surgical intervention. Physical examination demonstrated a well healed scar in the right lateral intercostal region, exquisite hypersensitivity to touch over the area without signs of erythema or swelling, trunk range of motion limited to flexion 30 and extension 10; motor strength, sensation and deep tendon reflexes grossly intact in the lower extremities and able to ambulate on his toes and heels. Diagnoses: Trauma of the right thorax with a history of nonunion rib fracture, persistent intercostal pain, possible neuralgia and depression/anxiety. Previous treatment included bupivacaine pump trial, a spinal cord stimulator trial and a narcotic pump trial all with failure, Transcutaneous Electrical Nerve Stimulation (TENS) unit; mental health services. Previous medications include: Kadian, Nucynta, Ketamine compound cream, MS Contin and Norco. A request was made for MS Contin 30 mg #60 and was modified on a prior utilization review determination dated 8/5/2013 for #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 30 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74, 78, 93.

Decision rationale: CA MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there was no documentation of improvement in their pain level or function with the treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.