

Case Number:	CM13-0021451		
Date Assigned:	11/08/2013	Date of Injury:	04/16/2001
Decision Date:	05/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 39-year-old male who reported an injury on 04/16/2001. The mechanism of injury was a fall. The injured worker was diagnosed with status post dual lead spinal cord stimulator trial on 05/06/2013 and subsequent paddle Lamitrode implant; status post multiple thoracic and lumbar fractures requiring fusion x2 from T11 through L2 with radiculopathy and combined upper and lower motor neuron injury findings; depression; anxiety; insomnia; gait instability from spinal nerve injury; erectile dysfunction from hypogonadism/low testosterone secondary to pain and spinal cord injury; hypertension aggravated by pain; constipation from medication; and dental carries most likely from dry mouth and anticholinergic effects of medication. A request was made for a testosterone and CMP blood work on 08/22/2013 and MS Contin 30 mg #240 on 12/12/2013. The progress report dated 08/22/2013 stated the injured worker continued to complain of high severity back and leg pain and weakness. The injured worker also complained of low energy, impotence, and depression and stated he had not had a testosterone level, liver or kidney function drawn for years. The injured worker reported he was ready to taper off of narcotics. The injured worker was also being treated with Abilify, Celexa, and Bupropion. The injured worker rated his pain at 6/10. A progress report dated 02/05/2014 stated the injured worker continued to complain of moderate to severe low back pain with neuropathic left leg pain and weakness. He also complained of intermittent hand swelling. The injured worker reported his pain had increased and function had decreased on MS Contin 30 mg 2 tablets 3 times a day. The injured worker reported the pain caused him insomnia and made it harder to get out of bed and walk around the house. The injured worker reported difficulties with activities of daily living. The injured worker's medications included MS Contin 30 mg every 8 hours; MS IR 30 mg every 8 hours for breakthrough pain; Celebrex 200 mg for inflammatory spinal pain; Cymbalta 60 mg; Prozac 20 mg; Abilify; clonidine 0.3 mg patch; Klonopin 2 mg;

Lyrica 225 mg 2 times a day for severe nerve pain; Cialis/Viagra 20 mg; Docusate 250 mg; Nortriptyline 2x 50 mg; Topamax; and Testim 1% cream for hypotestosteronism. The injured worker's physical examination revealed moderate tenderness to palpation at the paraspinal muscles. Range of motion was not testable due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 30MG QUANTITY UNKNOWN: 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 SECTION ON OPIOIDS, ON-GOING MANAGEMENT, Page(s): 78.

Decision rationale: California MTUS states ongoing management of opioids for chronic pain patients should include documented pain relief, functional status, appropriate medication use and side effects. In this case, the injured worker was recommended continuation of MS Contin 30 mg; however, the clinical documentation submitted for review does not show a decrease in the injured worker's pain or an increase in the injured worker's function level. In addition, no urine drug screen was submitted to show appropriate medication use. California MTUS also recommends that morphine dosing not exceed 120 mg oral morphine equivalence per day for patients taking more than one opioid. The injured worker's daily dosage of MS Contin exceeds the recommended 120 mg of oral morphine equivalence per day. Given the lack of documentation to support guideline criteria, the request is non-certified.

COMPLETE METABOLIC PANEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CMP/TAB/TEST](http://labtestsonline.org/understanding/analytes/cmp/tab/test)

Decision rationale: California MTUS/ACOEM does not address the request. The Official Disability Guidelines does not address the request. Labtestonline states a comprehensive metabolic panel is routinely ordered as a part of blood work for medical exam or yearly physical. The CMP is a screening tool to evaluate organ function and check for conditions such as diabetes, liver disease and kidney disease. The injured worker was recommended a CMP; however, the clinical documentation submitted for review does not show that the injured worker had any comorbidities to warrant a comprehensive metabolic panel. Given the lack of documentation to support guideline criteria, the request is non-certified.

