

Case Number:	CM13-0024219		
Date Assigned:	11/20/2013	Date of Injury:	09/25/2001
Decision Date:	01/14/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 is a 41-year-old female with a date of injury of 9/25/2001. The patient has been treated for chronic low back pain, neck pain and hand/wrist pain. Recent report dated 8/2/13 indicates the patient has had decreased numbness and tingling with acupuncture. She also has improvement in her daily activities. There was tenderness to palpation in the wrist. The patient also has a diagnosis of lumbar spine sprain strain with a disk protrusion at L4 - L5. She also has a history of increased symptoms of left sacroiliac joint dysfunction. There is a medical legal report dated 8/20/12 stating that chronic use of MS Contin has promoted xerostomia. There is no documentation of any improved function reduces this narcotic. There are also no current indications the patient is having a decreased pain medication as well. In addition, the patient has been taking his medication for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg, #60: Upheld

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

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

Decision rationale: CA MTUS guidelines, opioids section, page 74 state that discontinuation of opioid therapy is recommended if there is no overall improvement of function, or if their adverse effects. Guidelines also suggest that there should be exhaustive documentation of patients decrease in pain, increasing function. There are no such documents in this record. Also, the guidelines do not recommend long-term use of opioids without functional improvement, and adequate pain control. In addition, it appears the opioids may be prescribed for chronic low back pain. This does not follow MTUS guidelines. Therefore, as this medication prescription does not follow current guidelines, this medication is not medically necessary.