

Case Number:	CM13-0033882		
Date Assigned:	01/15/2014	Date of Injury:	11/22/2003
Decision Date:	11/07/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 is a 67 year old female who was injured on 11/22/2003. The mechanism of injury is unknown. Prior treatment history has included MS-Contin 15 mg, Norco 10/325 mg, Flexeril 10 mg, Gabapentin 400 mg and Morphine Sulfate 50 mg. Progress report dated 12/18/2014 documented the patient to have complaints of neck and low back pain but states it is managed with medication. She noted the medications allow her to function in activities of daily living. She rated the pain as 2/10 on a good day and on a bad day it is rated as an 8/10. Objective findings on exam revealed tenderness over the right trochanteric bursa. Lumbar spine range of motion revealed forward flexion is 100; hyperextension is 10 and sciatic notch tenderness is absent. Deep tendon reflexes are 2+. The patient is diagnosed with failed neck surgery syndrome, trochanteric bursitis, degenerative joint disease of the right knee, subacromial bursitis of the right knee, GERD, cervicalgia, cervical radiculopathy, chronic pain, and facet arthropathy of the lumbar spine. She is recommended to continue MS-Contin 15 mg #60 which she has been utilizing since 07/22/2013. Prior utilization review dated 09/25/2013 states the request for MS Contin 15mg #60 is denied as there is no documented functional improvement with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the California MTUS 2009 Chronic Pain Treatment Guidelines recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit. There is no documented symptomatic or functional improvement from its long-term usage. Therefore, the medical necessity for MS Contin 15mg #60 has not been established based on guidelines and lack of documentation.