

Case Number:	CM13-0037545		
Date Assigned:	07/02/2014	Date of Injury:	11/22/2003
Decision Date:	10/31/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/23/2013

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:

This 66 year-old patient sustained an injury on 11/22/03 while employed by [REDACTED]. Request(s) under consideration include Ms Contin 15 MG, QTY: 60 and Toxicology Screening. Diagnoses include cervical radiculopathy/ failed neck surgery syndrome/ cervicgia; trochanteric bursitis; DJD of right knee; subacromial bursitis on right; lumbar radiculopathy/ facet arthropathy; and chronic pain. Report of 9/16/13 from the provider noted the patient with radicular neck and back pain into the upper extremities and buttocks to feet rated 6-10/10. Exam showed diffuse tenderness, decreased range in neck and low back with intact motor and sensation. Medications were refilled. Report of 11/25/13 from the provider noted the patient with ongoing chronic neck pain rated at 8/10 radiating to upper extremities; lower back pain radiating to buttocks and feet. Medications list Norco, MS Contin, Flexeril, Gabapentin, Morphine sulfate ER. Exam showed cervical spine with tenderness across spine on extension; tender facet joints; limited range in all planes; lumbar/ sacral tenderness at L4-5/ over right trochanteric bursa; restricted range; antalgic gait; DTRs of 2+ with 1+ at right triceps; sensation intact, motor intact of 5/5 with right triceps of 4+/5. Treatment included continuing HEP, medication refills with repeat ESI that provided 50% improvement for 6 months. Report of 1/7/14 from the provider noted the patient with constant ongoing radicular neck pain down upper extremities. Exam was unchanged; however, noted 5/5 throughout all upper and lower extremities to be normal including triceps with intact sensation. The request(s) for Ms Contin 15 MG, QTY: 60 were modified to #45 and Toxicology Screening was non-certified on 10/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 15 Mg, QTY: 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2003. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Ms Contin 15 MG, QTY: 60 are not medically necessary and appropriate.

Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2003 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Toxicology Screening is not medically necessary and appropriate.