

Case Number:	CM13-0041038		
Date Assigned:	12/20/2013	Date of Injury:	10/04/2008
Decision Date:	03/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiologist has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 reported injury on 10/04/2008. The mechanism of injury was noted to be the patient was carrying a cat carrier weighing approximately 27 pounds. The patient's diagnoses were noted to include chronic neck pain, chronic thoracic pain, multiple degenerative cervical discs, T7-10 disc herniations and pain induced depression. The patient's medications were noted to included MS-Contin mg 2 tablets by mouth twice a day, Effexor Extended Release 225 mg 1 capsule daily, and Neurontin 300 mg 4 tablets 3 times a day. The patient indicated their pain level was 7/10 for neck pain and thoracic pain. The patient indicated they were taking the medications without any new adverse side effects. Patient additionally indicated that pain interfered moderately with the activities of daily living and overall functioning. The request was made for MS-Contin. The treatment plan was noted to include Neurontin 300 mg, Effexor ER 225 mg, Norco 10/325 for breakthrough pain and MS-Contin 15 mg 2 tablets every 12 hours #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain,Ongoing Management Page(.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, evidence that the patient is being monitored for aberrant drug behavior and documentation of side effects. Clinical documentation submitted for review indicated the patient was having no side effects from this medication. There was a lack of documentation of an increase in function and the patient indicated that pain was interfering moderately with his ADLs and overall function. There was a lack of documentation of an objective decrease in the VAS score and there was a lack of documentation of evidence that the patient was being monitored for aberrant drug behavior. Given the above, the request for MS-Contin 15 mg #120 is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain, Ongoing Management, Pa.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain and that short acting opioids such as Norco are recommended for breakthrough pain. However, there was a lack of documentation of the patient's objective pain level with and without medications as the patient was noted to be taking both Neurontin and MS-Contin. Given the above, the request for Norco 10/325 is not medically necessary.