

Case Number:	CM13-0045677		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2008
Decision Date:	08/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 is a 47-year-old male with a date of injury ranging from 7/14/09 to 7/19/10. The injury occurred as a result of his usual and customary duties as an MRI engineer. His job required lifting of heavy equipment up to 50 pounds, as well as bending and twisting of his neck and back on a frequent basis. Eventually, he noted the gradual onset of left shoulder pain and neck pain radiating to the upper extremities, which he attributed to the performance of his regular duties. According to a 10/14/13 progress report. The patient complained of neck pain. He noted that the injection reduced pain level by 50% and improved activities of daily living and ROM. The claimant also noted low back with right side radiating pain. He noted that the pain was decreased after the epidural injection and was improved by 40-50%, He has been taking MSContin. The examination was handwritten and hard to decipher. Diagnostic impression: umbilical hernia, the rest was illegible Treatment to date: medication management, activity modification, epidural injections. A UR decision dated 11/5/13 modified the request for MS Contin 30 mg from 60 tablets to 30 tablets for weaning purposes. There was no documentation of a maintained increase in function or decrease in pain with the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS-CONTIN 30MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The reports provided for review consisted of several illegible, handwritten notes. There is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for MS Contin 30 mg #60 was not medically necessary.