

Case Number:	CM13-0052753		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2003
Decision Date:	03/13/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/16/2013

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 Orthopedic Surgery has a subspecialty in Fellowship Trained in Spine Surgery and is licensed to practice in Texas. 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 66 year old male who reported injury on 08/07/2003. The mechanism of injury was noted to be a fall from a ladder. The patient was noted to have arrived in a wheelchair and not doing well from a functional stand point since the patient's medications were discontinued by the insurer. The patient's current level of pain was noted to be 10/10 and the patient was noted to be using 4 fetanyl troches daily. The patient was noted to be using MS CR 30 mg 3 times a day and he had run out of Opana. The patient was noted to be wheelchair bound. It was indicated the patient was not having diarrhea, stomach cramping or nausea. The patient was noted to have increased pain. Additionally, it was indicated that because of the decline in the patient's function there was an increase for MS CR to 4 times a day. The patient's diagnosis was noted to be lumbago. The recommendation was made for an MS Contin refill 30 mg by mouth 4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opiods, Ongoing Management. Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, and Ongoing Management Page(s): 60,78.

Decision rationale: California MTUS Guidelines indicate that medications for chronic pain include opioids such as MS Contin. They recommend there should be documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide a CR-2 for the date of service 11/04/2013. The most recent note provided for review dated 10/07/2013 indicated the patient had no adverse side effects. However, there was lack of documentation indicating an objective decrease in the VAS score to support ongoing usage, documentation of objective functional improvement received from the medication and documentation of aberrant drug behavior. Given the above, the request for MS Contin 30mg #90 11/4/2013 (but states do not fill before 12/3/2013 is not medically necessary).

MS Contin 30mg three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opioids, Ongoing Management. Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Ongoing Management Page(s): 60,78.

Decision rationale: California MTUS Guidelines indicate that medications for chronic pain include opioids such as MS Contin. They recommend there should be documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide a CR-2 for the date of service 11/04/2013. The most recent note provided for review dated 10/07/2013 indicated the patient had no adverse side effects. However, there was lack of documentation indicating an objective decrease in the VAS score to support ongoing usage, documentation of objective functional improvement received from the medication and documentation of aberrant drug behavior. Given the above, the request for MS Contin 30mg #90 is not medically necessary.