

Case Number:	CM13-0057197		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2007
Decision Date:	05/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Practice, 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 46 year old male who sustained an injury on 10/29/07 while lifting a pallet. The patient was followed for chronic complaints of neck pain radiating to the upper extremities and low back pain. As of 09/09/13 the patient reported pain ranging from 7-8/10 on VAS. The patient completed a course of physical therapy as of this date. Evaluation from 09/27/13 noted current medications as Cymbalta 30mg, Gabapentin 600mg, Lidoderm patch 5%, MS Contin 60mg utilized twice in the morning one in the evening and one every eight hours as needed for pain, and Norco 10/325mg four times daily. As of this evaluation pain scores were approximately 8/10 on VAS. The patient had a prior signed narcotic agreement and underwent urine drug screen testing. On physical examination the patient had continuing complaints of pain in the cervical spine and lumbar spine with positive Faber maneuvers to the right. There was pain with range of motion in the lumbar spine which was worsened on extension. Follow up with [REDACTED] on 10/24/13 again noted continuing complaints of neck pain and low back pain ranging from 7-8/10 on VAS. No specific physical examination findings were noted at this evaluation. The patient was recommended for medial branch blocks from C4 to C7. The patient was also recommended for steroids injections for the right hip. Urine drug screen findings from 10/02/13 noted positive results for hydrocodone and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60MG TAKE 2 IN THE MORNING, 1 AFTERNOON AND 1 AT NIGHT:
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): 88-89.

Decision rationale: From the clinical documentation submitted for review there is no evidence supporting that MS Contin resulted in a substantial functional improvement. Pain scores remained significantly elevated at the severe range without evidence of any improvement with MS Contin. There was no clear evidence of functional benefits attributed to MS Contin. The patient had prior narcotics contracts and compliant urinary toxicology results; however, there was no clinical documentation regarding weaning considerations for this medication. The patient was utilizing an extensive amount of narcotics with the total daily MED well over the maximum 120mg per day recommended by the MTUS Chronic Pain Guidelines. Even with this extensive narcotics use there was no indication of any substantial functional improvement for pain reduction. Given the insufficient evidence regarding the efficacy of continued use of MS Contin, the request is not medically necessary and appropriate.