

Case Number:	CM13-0057625		
Date Assigned:	01/10/2014	Date of Injury:	07/15/1992
Decision Date:	05/05/2014	UR Denial Date:	10/29/2013
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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker reported an injury on 07/15/1992, while towing an ATV. The injured worker underwent C5-6 cervical fusion in 1994. The only clinical note submitted for this review is documented on 06/06/2012. The injured worker reported persistent neck pain with radiation to the left upper extremity. Medications at that time included oxymorphone, Cymbalta, and Clonidine. Physical examination revealed slight dystonic posturing of the neck, a well-healed right anterior cervical scar, 30 degree forward flexion, 50% of normal range of motion, 5/5 motor strength in bilateral upper extremities, questionable left C6 dermatomal changes, diminished knee reflex on the left, and a narrow gait. A review of medical records was completed at that time. Treatment recommendations at that time included continuation of Opana and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF MS CONTIN 100MG XR #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPOIDS, 74-82

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no updated physician progress report submitted for this review. Therefore, there is no evidence of this injured worker's active utilization of this medication. Therefore, the request cannot be determined as medically appropriate. There is also no frequency stated in the request. As such, the request is non-certified.