

Case Number:	CM13-0059513		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2008
Decision Date:	05/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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:

The injured worker is a 41-year-old who reported an injury on October 29, 2008. The mechanism of injury was not provided. Current diagnoses include left tibia/fibula fracture with knee disruption, mechanical back pain, and CRPS in the left lower extremity. The injured worker was evaluated on September 5, 2013. The injured worker reported persistent lower back and leg pain. Physical examination revealed left lower extremity allodynia. Treatment recommendations included continuation of current medication including MS Contin 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 100MG #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has

utilized MS Contin 100 mg, three times daily, since January, 2013. Despite ongoing use of this medication, there is no documentation of objective functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. The request for MS Contin 100 mg, 84 count, is not medically necessary or appropriate.