

Case Number:	CM14-0007996		
Date Assigned:	02/12/2014	Date of Injury:	12/02/2005
Decision Date:	06/30/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/22/2014

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, Tennessee, and Virginia. 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 55 year old male injured on 12/02/05 due to an undisclosed mechanism of injury. The documentation does indicate the patient was involved in a motor vehicle accident while traveling to physician evaluation on 11/17/06 resulting in bilateral shoulder pain. Current diagnoses include status post lumbar spine surgery with L4-5 laminectomy and discectomy on 10/10/06 with residual bilateral lumbar radiculitis, status post left knee surgery on 03/19/06 with residual left knee pain, and post-left total knee replacement on 04/29/09, cervical strain, thoracic strain, bilateral hand tingling, urinary incontinence, insomnia, skin rash, right inguinal/groin strain, left hip pain, liver and lungs have abnormalities on CT scan of 03/12/09, GI upset due to pain medications, secondary depression, and bilateral shoulder strain. The clinical note dated 12/10/13 indicates the patient presented complaining of low back pain with radiation to the lower extremities, left knee pain, mid back pain with radiation to the anterior chest, neck pain, numbness and tingling of the hands and feet, bilateral inguinal/groin pain, intermittent GI upset, chronic insomnia, depression, and bilateral shoulder pain. Physical examination reveals straight leg raise positive bilaterally, Lesegue's test positive on the left, Patrick's sign positive on the left, Spurling's sign negative bilaterally, Tinel's sign negative without paresthesia of digits or tendons bilaterally, wrists have full range of motion, positive carpal compression test with paresthesia in both hands, tenderness noted over the acromioclavicular region bilaterally, and slightly antalgic gait due to lower back pain. Current medications include Norco 10/325mg 5 times per day, Ketoprofen 75mg 1-2 tablets BID, Ambien CR 12.5mg QHS, Prilosec BID, Colace 100/200mg QHS, Thermacare patches 1 BID, and MS Contin 15mg BID. The request for MS Contin 15mg #30 was non-certified on 12/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of MS CONTIN 15MG #30 cannot be established at this time.