

Case Number:	CM14-0008275		
Date Assigned:	02/21/2014	Date of Injury:	10/21/2007
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/21/07. A utilization review determination dated 1/3/14 recommends non-certification of MS Contin. It references a 12/23/13 medical report identifying cervical as well as mid back and low back pain. On exam, there was a slightly antalgic gait with some myofascial pain with triggering and ropey fibrotic banding, positive Spurling's maneuver, positive maximal foraminal compression testing, positive FABER, pain to palpation over the facets, and pain with rotational extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

(2 OF 5) PHARMACY : MS CONTIN 60MG 2 IN AM; 1 IN PM, 1 QHS #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines

Decision rationale: Regarding the request for Ms Contin 60 mg two in AM; one in PM, one QHS #120, California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended

with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Ms Contin 60 mg two in AM; one in PM, one QHS #120# is not medically necessary.