

Case Number:	CM14-0136305		
Date Assigned:	09/03/2014	Date of Injury:	07/26/1996
Decision Date:	10/02/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Medicine 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 51-year-old male with a 7/26/96 date of injury. The mechanism of injury occurred when he was moving a heavy machine with a dolly, the large machine fell on his left foot. According to a progress report dated 6/26/14, the patient stated he had lost 15 pounds exercising. He has also been looking for a job. He rated his pain level from 10/10 to a 7/10 with the use of medications. He has been independent with activities of daily living. He stated that without medications he would not be able to do any of these. The provider stated that he does not have any aberrant drug seeking behavior and his last urine drug screen was 12/10/13, which was consistent. Objective findings: no significant changes. Diagnostic impression, chronic left foot and leg pain with chronic regional pain syndrome from crush injury. Treatment to date: medication management, activity modification, multiple back surgeries, spinal cord stimulator, morphine pump. A UR decision dated 8/22/14 denied the request for MS Contin. The provider has noted that the patient was responding well to his medications, however, the fentanyl patches were denied and has recommended the use of MS Contin in its place. While the records reflect that the patient's pain was improved with the use of opioids, there is no documentation of objective quantifiable improvements to warrant the use of a second opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation in the most recent report reviewed, dated 6/26/14, that the patient is taking MS Contin. It is documented that the patient was currently taking Percocet 5/325mg 4 tablets a day and using Duragesic patches 75mcg every 3 days. The calculated MED of these medications, without MS Contin, is 210. Guidelines do not support opioid medications with a MED above 200 due to the increased risk of adverse effects, such as sedation. Therefore, the request for MS Contin 30 mg, sixty count, is not medically necessary or appropriate.