

Case Number:	CM14-0142849		
Date Assigned:	10/03/2014	Date of Injury:	06/07/2007
Decision Date:	11/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, neck, and wrist pain reportedly associated with an industrial injury of June 7, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; injection therapy; acupuncture; a knee arthroscopy; opioid therapy; and a functional restoration program. In an August 8, 2014 progress note, the claims administrator failed to approve a request for MS Contin. The applicant's attorney subsequently appealed. In a July 30, 2014 progress note, the applicant reported 7/10 pain, reportedly severe. The applicant stated that her sitting and standing tolerance were improved by 10% with opioid therapy and that her walking and lifting tolerance were likewise improved by 10%. The applicant's medications included lactulose, Senna, Percocet, Ambien, Duragesic, morphine, Tegaderm, Cymbalta, Lyrica, Remeron, and Nuvigil. Multiple medications were renewed, including fentanyl, morphine, Tegaderm, Cymbalta, and Remeron. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 15mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, When to Continue Opioids Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, no compelling rationale was made for provision of two separate long acting opioids, MS Contin and Duragesic. It is further noted that page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvement in function achieved as a result of ongoing opioid therapy. The attending provider's comments to the effect that the applicant's sitting and standing intolerance are improved by 10% appears to be of marginal to negligible benefit, one which is outweighed by the applicant's seeming failure to return to any form of work and the applicant's concurrent usage of two separate long acting opioids, MS Contin and Duragesic. Therefore, the request is not medically necessary.