

Case Number:	CM14-0154341		
Date Assigned:	09/23/2014	Date of Injury:	02/07/2002
Decision Date:	10/29/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/22/2014

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 and is licensed to practice in Texas and Ohio. 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 who reported an injury on 02/07/2002. The mechanism of injury reportedly occurred while he was using tools at work. His diagnoses were reflex sympathetic dystrophy in the upper limbs and pain in the limb. His previous treatment and diagnostics were not specified. His surgeries include 2 right hand surgeries between 2002 and 2006. He also had 3 left hand surgeries. On 09/18/2014, the injured worker reported continued hand pain which is worse on the dorsal aspect of the left hand at the time of visit. He reported because of the pain medication he can drive about an hour. Without the medication he could probably drive at most 20 minutes. He also reported that his functional capacities improve with the pain medication. The physical examination revealed tingling sensation over the palm of the right hand to touch and the left wrist was moderately tender to palpation. His medications included Benazepril 25 mg, Carvedilol, Digoxin, Lasix, MS-Contin 30 mg, MSIR 30 mg tablet, Nexium, ranitidine, testosterone injections, and Tramadol 15 mg. The treatment plan was for MS-Contin 30 mg #60 with 5 refills and MSIR 30 mg #60 with 5 refills. The rationale for the request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60 With Five Refills: Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request for MS-Contin 30 mg #60 with 5 refills is not medically necessary. As stated in the California MTUS Guidelines, ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit which includes current pain at the time of visit; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief lasts. The injured worker reported that his hand pain continued to get worse on the dorsal aspect of the left hand and that his medication allowed him to drive for about 1 hour. He reported that his functional capacity is improved with the pain medication. The guidelines indicate that it is necessary to perform a detailed pain assessment at every visit; however, there was a lack of information that showed such details. His last urine drug screen was noted to be collected on 04/25/2014 which was consistent with the morphine. The guidelines indicated there should be continuous documentation of pain relief, but it was unclear if the medications were actually helping with pain relief due to reporting of moderate pain with medications and multiple clinical notes. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for MS-Contin 30 mg #60 with 5 refills is not medically necessary.

MSIR 30mg #60 With Five Refills: Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request for MSIR 30 mg #60 with 5 refills is not medically necessary. As stated in the California MTUS Guidelines, ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit which includes current pain at the time of visit; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief lasts. The injured worker reported that his hand pain continued to get worse on the dorsal aspect of the left hand and that his medication allowed him to drive for about 1 hour. He reported that his functional capacity is improved with the pain medication. The guidelines indicate that it is necessary to perform a detailed pain assessment at every visit; however, there was a lack of information that showed such details. His last urine drug screen was noted to be collected on 04/25/2014 which was consistent with the morphine. The guidelines indicated there should be continuous documentation of pain relief, but it was unclear if the medications were actually helping with pain relief due to reporting of moderate pain with medications and multiple clinical notes.

Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for MSIR 30 mg #60 with 5 refills is not medically necessary.