

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0155524 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 10/21/2007 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Interventional Spine 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 patient is a 51 year old male with an injury date on 10/21/2007. Based on the 09/08/2014 progress report provided by [REDACTED] the patient complains of neck pain radiating to the bilateral upper extremities. The patient's pain decreases from a 10/10 to a 7/10 with medications. The progress reports do not discuss any positive exam findings. The diagnoses include the following: 1. Status Post Cervical Spinal Fusion 2. Lumbar Radiculopathy 3. Headaches 4. Chronic Pain, Other 5. Insomnia secondary to pain 6. History or failed cervical spine surgery. Lumbar spine not on claim. Failed multiple therapies. History of Grout [REDACTED] is requesting for MS Contin 30 mg 1 tab tid prn pain #90. The utilization review determination being challenged is dated 09/15/2014. [REDACTED] is the requesting provider, and provided treatment reports from 10/25/2010 to 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 30 mg 1 tab tid prn pain # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 14, 41-42, 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, CRITERIA FOR USE OF OPIOIDS, Page(s): 78, 88, and 89.

Decision rationale: According to the 09/08/2014 report by [REDACTED], this patient presents with neck pain radiating to the bilateral upper extremities. The provider is requesting for MS Contin 30 mg 1 tab tid prn pain #90. MS Contin was first mentioned on patient's list of medications per provider report dated 1/23/2013. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report 08/11/2014 indicates that the patient's pain has reduced from a 10/10 to an 8/10 after taking medications. The reports from 01/23/13 to 07/09/14 state that the patient's pain decreases from 9/10 to an 8/10 with medications. The patient reports ADL limitations in the area of "sleep." The provider obtained a CURES report at each visit and results showed no inconsistencies with prescribed medications. However, reviews of the reports do not seem to indicate much progress with nearly identical information of the 4As and with no new information. MTUS page 60 also require "record" of pain and function during each visitation and in this case, the information provided is identical from visit to visit with no new information. There are lack of specific ADL's, no discussion of return to work, pain assessment measures, and side effects. Recommendation is for not medically necessary.