

Case Number:	CM14-0165197		
Date Assigned:	10/10/2014	Date of Injury:	06/22/2011
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 51 year old male with complaints of neck pain and left upper extremity pain, knee pain. The date of injury is 6/22/11 and the mechanism of injury is fall injury/impact working as a roofer when he fell and caught his knee in the rungs of the ladder. At the time of request for MSContin 60 mg #90, there is subjective (neck pain, shoulder pain, arm pain, knee pain) and objective (medial joint line tenderness right knee, tenderness left paraspinal musculature cervical spine, restricted range of motion cervical spine, positive spurling's sign left) findings, imaging findings/other (Cervical MRI 11/29/11 shows spondylosis C6-7 with central canal and severe left foraminal stenosis, EMG upper extremity shows left ulnar compression at the elbow), diagnoses (Left C7 radiculitis, cervical spondylosis and stenosis, shoulder impingement status post shoulder arthroscopic debridement and left cubital tunnel release) and treatment to date (epidural steroids, medications, surgery). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 60 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support continued prescribing of opioid pharmacotherapy, it is my opinion that the request for MSContin 60 mg #90 is not medically necessary.