

Case Number:	CM14-0178267		
Date Assigned:	10/31/2014	Date of Injury:	04/20/2005
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/27/2014

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:

Patient is a 61-year-old female who has submitted a claim for cervical degenerative joint disease and myofascial pain syndrome associated with an industrial injury date of 4/20/2005. Medical records from 2014 were reviewed. The patient complained of neck pain radiating to the left upper extremity. Patient reported that MS IR was fast acting. However, she reported 70% symptom relief with improved pain, range of motion, and activities of daily living with medication use. Physical examination of the cervical spine showed muscle tightness, tenderness, and limited motion. Reflexes and sensory exams were intact. Urine drug screen from 3/10/2014 showed consistent results with prescription medications. Treatment to date has included lumbar medial branch block, physical therapy, acupuncture, chiropractic care, and medications such as Robaxin, MS Contin, and MS IR (since 2006). MSIR 15mg tablet is prescribed as every six-hour dosing. Utilization review from 9/22/2014 denied the request for MSIR 15 mg # 120 because patient reported that this medication was a fast acting drug for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15 mg # 120: Overturned

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: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient complained of neck pain radiating to the left upper extremity. Morphine was prescribed since 2006. Patient cited that MS IR was fast acting. However, she reported 70% symptom relief with improved pain, range of motion, and activities of daily living with medication use. Urine drug screen from 3/10/2014 likewise showed consistent results with prescription medications. Guideline criteria for continuing opioid management have been met. Therefore, the request for MSIR 15 mg # 120 is medically necessary.