

Case Number:	CM14-0025355		
Date Assigned:	06/11/2014	Date of Injury:	02/28/2011
Decision Date:	07/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported injury on 02/28/2011. Prior treatments included acupuncture and medications. The clinical documentation submitted for review indicated the injured worker had been utilizing morphine since at least 10/2013. The documentation of 02/15/2014 revealed the injured worker's diagnoses included pain in joint involving the pelvic region and thigh, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of lumbar region, myalgia and myositis unspecified and osteoarthritis localized, primarily involving leg. Additionally, the documentation indicated that the injured worker's overall pain had not improved, however, function and range of motion of the lumbar spine seemed improved with temporary results from the medication. The documentation indicated that the urine drug screen was appropriate on 08/10/2013, and that the CURE was checked. The treatment plan included continuance of modified duty and pain medications, as well as Rozerem for insomnia. The documentation indicated the patient had hepatitis C and should avoid certain classes of medications. The use of MS Contin was to avoid hepatic damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS USE OF MS CONTIN OR EQUIVALENT 25MG Q8HRS: 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. Additionally, there should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there is lack of documentation indicating the injured worker had a decrease in pain. There was documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for continuous use of MS Contin or equivalent 25 mg q.8 hours is not medically necessary.