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| Case Number: | CM14-0025594 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 09/29/2011 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 & Rehabilitation 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 injured worker is a 36-year-old male who reported an injury on 09/29/2011 due to unknown mechanism. On 02/13/2014, the injured worker complained of left elbow numbness, tingling, pain and small and ring finger pain which causes a disturbance in his sleep pattern. On physical examination, there was noted to be paralysis of the ring and small finger with sensory deficit. Extension of ring finger was at 5 degrees and in the small finger, the extension was 5 degrees. The injured worker's diagnoses was elbow injury, irritation of the ulnar nerve, arm or forearm pain. The injured worker's medications included MS Contin, Elavil, Colace and diclofenac. The injured worker's past treatments and/or diagnostics was acupuncture treatment, electrostimulation, myofascial release, infrared therapy at 1 time a week for 6 weeks with lack of clinical notations of function deficit increase or decrease submitted with documentation proved for review. The injured worker was also seen by a chiropractor. The Request For Authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60MG #90 1 TABLET PO TID O REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-going management Page(s): 78.

Decision rationale: The request for MS Contin 60 mg #90, 1 tab by mouth 3 times a day with no refills is non-certified. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include current pain; 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; and how long pain relief lasts. Although there was a quantifiable pain score notated, there was lack of evidence of a consistent urine drug screen. There was no mention in the clinical documentation of average pain, intensity of pain or longevity of pain. In addition, there was also a lack of documentation regarding the injured worker's functional benefits with the use of opioids. In addition, there was no mention of side effects in a clinical documentation. Given the above, the request for MS Contin 60 mg, #90, 1 tab by mouth 3 times a day with no refills is non-certified.