

Case Number:	CM14-0035394		
Date Assigned:	06/23/2014	Date of Injury:	05/01/1998
Decision Date:	07/24/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/21/2014

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 Nevada. 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 46-year-old male who was reportedly injured on May 1, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 11, 2014, indicated that there were ongoing complaints of neck pain, upper back pain, and lower back pains. There was reported numbness in the hands, spasms, and headaches. The physical examination demonstrated decreased sensation at the left lateral thigh and decreased sensation in the third through fifth digits of the left hand. There was a recommendation for a functional restoration program. Diagnostic imaging studies objectified multiple lumbar spine disc protrusions and an annular fissure on the left at L3-L4 potentially irritating the adjacent nerve root. An magnetic resonance imaging of the cervical spine noted a solid fusion at the C6-C7 level and minimal discogenic changes. A request had been made for MS Contin and Morphine Sulfate Immediate Release and was not medically necessary in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78.

Decision rationale: A review of the medical records indicates that there has been no objective documentation noting specific pain relief, improved functional status, ability to work, or increased ability to perform activities of daily living secondary to MS Contin usage. There was also no comment regarding side effects or potential aberrant behavior. For these reasons, this request for MS Contin is not medically necessary.

MSIR 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 (Effective July 18, 2009) Page(s): 78.

Decision rationale: A review of the medical records indicates that there has been no objective documentation noting specific pain relief, improved functional status, ability to work, or increased ability to perform activities of daily living secondary to Morphine Sulfate Immediate Release (MSIR) usage. There was also no documentation regarding side effects or potential aberrant behavior. For these reasons, this request for MSIR is not medically necessary.