

Case Number:	CM14-0036985		
Date Assigned:	06/25/2014	Date of Injury:	09/04/2012
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 37 year old male who sustained multiple injuries as a result of a motor vehicle accident on 9/4/12. Per the submitted clinical records, the injured worker has complaints of cervical low back and bilateral carpal tunnel syndrome. The injured worker is noted to be status-post anterior cervical discectomy and fusion at C5-C6 on 2/25/13. An MRI of the lumbar spine dated 10/15/12 notes an 8mm disc herniation at L5-S1. The records indicate that the injured worker has declined lumbar surgery. The injured worker subsequently has diagnoses including failed back surgery syndrome, radiculopathy, knee degenerative joint disease, and carpal tunnel syndrome. Treatment to date has included surgery, injections, physical therapy, chiropractic therapy, and oral medications. It is reported that the injured worker received benefit from his current medication profile which includes Norco 10/325mg, Gabapentin 600mg, and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg #90: 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 Page(s): 74-80.

Decision rationale: The submitted clinical records indicates that the injured worker has multiple conditions secondary to a motor vehicle collision on 9/4/12. The records indicate that the injured worker receives benefit from his oral medications. However, the degree of relief provided by MS Contin 30mg is not delineated. The record does not contain any data suggesting that there is a pain management contract in place. The record further does not include any evidence of urine drug screening to assess compliance. As such, the request is not medically necessary.