

Case Number:	CM14-0040658		
Date Assigned:	06/27/2014	Date of Injury:	03/09/2007
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Pain 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:

The injured worker is a 62-year-old male who reported an injury on 03/09/2007. The injury was noted to be an industrial injury. His treatments were noted to be medications and chiropractic care. His diagnoses were noted to be hypertension, chronic pancreatitis, and myofascial pain syndrome. A clinical evaluation on 02/18/2014 found the injured worker had complaints of pain. He indicated cervical pain radiated to the right, working its way above his head. He complained of pain and stiffness in the thoracic spine region and noted that it was exacerbated when performing tasks above his head. The objective observation indicated joint swelling and stiffness, pain with range of motion, tenderness on palpation of the cervical spine, neck pain with right lateral compression, and positive left neck pain. The thoracic spine evaluation noted lumbar lordosis and increased kyphosis; tightness to the left and right thoracic paraspinal areas; tenderness on palpation to T1, T7, and T8, and the Adam's scoliosis test was positive for right rib rounding. The treatment plan included medications for pain relief and Chiropractic care. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin ER, 15mg, 1 Tab Three Times A Day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines ,Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for MS Contin ER, 15mg, 1 Tab 3 Times a Day, #90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. Pain rating with and without use of MS Contin to provide efficacy was not noted. Therefore, the request for MS Contin ER, 15mg, 1 Tab 3 Times a Day, #90 is not medically necessary.