

Case Number:	CM14-0043225		
Date Assigned:	07/02/2014	Date of Injury:	10/20/1994
Decision Date:	08/18/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family Practice, 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:

This is a 64 year old male claimant sustained a work injury on 12/20/94 involving the back and ankles. He was diagnosed with chronic back and ankle pain. He had been treated with oral opioids and NSAIDs for years. A progress note on 1/16/14 indicated the claimant had continued back and ankle pain with difficulty sleeping and activities of daily living. Examination was notable for paraspinal tenderness in the lumbar region. The ankle was noted to be fused with pain on manipulation and a limp gait. He was placed on MS Contin 60 mg and Norco 10 mg. On 3/20/14, the claimant had continued pain the same regions and physical findings. He was continued on MS Contin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the daily maximum dose of opioids should not exceed 120 mg equivalent of morphine. The claimant had been on Norco and

MSContin with a total approximating 160 mg daily. There were no significant improvements in pain or function over several months use. Opioids are intended for short term use and are not shown to be beneficial for mechanical or compressive etiologies. The continued use of MSContin is not medically necessary.