

Case Number:	CM14-0043245		
Date Assigned:	06/20/2014	Date of Injury:	02/18/2005
Decision Date:	07/31/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 50 year old female with an injury date of 2/18/05. Based on the 12/9/13 agreed medical evaluation by [REDACTED], the patient complains of neck pain into both shoulders and arms, as well as numbness, and an ice cold feeling in arms and hands when trying to sleep. She also has depression, high blood pressure, constipation, and anxiety. Examination reveals tenderness to palpation with edema, spasm, positive Adson's, positive axial compression, and a decreased range of motion. Her diagnoses include adjacent segment disease of the cervical spine, C6-C7 greater than C4-C5, per the MRI dated 6/26/11; status post anterior cervical discectomy and fusion by [REDACTED] and [REDACTED] as of January 2006; moderate to severe degree of central stenosis at C6-C7, with mild central stenosis at C4-C5, per a cervical myelogram dated July 3, 2012; status post anterior cervical discectomy and fusion at C4-C5 and C6-C7 on 11/1/12; thoracic outlet syndrome; status post right transaxillary first rib resection, subtotal scalenectomy, neurolysis of the brachial plexus, lysis and release of subclavian artery, and lysis and release of the subclavian vein as of 7/7/08 with a postoperative diagnosis of thoracic outlet syndrome; status post right side lysis of adhesions as of 11/11/09; and no gross thoracic outlet compromise bilaterally, per MRIs of the brachial plexus, bilaterally as of 7/16/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg 1 by mouth three times a day, plus 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4As (analgesia, activities of daily living, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary.