

Case Number:	CM14-0050611		
Date Assigned:	06/27/2014	Date of Injury:	02/12/2001
Decision Date:	07/28/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 66-year-old male with a 2/12/01 date of injury. At the time (3/11/14) of request for authorization for MS Contin CR 30 mg #60, 2 units/day, there is documentation of subjective (chronic pain, pain rated 4-5/10, headaches, neck pain, stiffness, and spasm) and objective (cervical spine abnormal head held in forward position) findings, current diagnoses (neck pain, other disorders of cervical region, cervicgia), and treatment to date (medications (including MS Contin since at least 12/13). 1/30/14 medical report identifies that the prescribed medications have been documented to increase the patient's functional level without significant adverse effects, and that the patient has shown no evidence of abuse, misuse, or overuse of these medications. There is no documentation of that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin CR 30mg #60, 2 Units/days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck pain, other disorders of cervical region, cervicgia. In addition, there is documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit and improvement as a result of MS Contin use to date. However, there is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for MS Contin CR 30 mg #60, 2 units/day is not medically necessary.