MAXIMUS Federal Services

Case Number:	CM14-0069850		
Date Assigned:	07/14/2014	Date of Injury:	09/06/1996
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational 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:

This 54 year old patient had a date of injury on 9/6/1996. The mechanism of injury was lifting a cabinet. In a progress noted dated 3/20/2014, subjective findings included pain level 6/10 to 7/10 which allows him to remain independent that he can carry out his own activities of daily living without assistance such as coking, cleaning, and laundering. On a physical exam dated 3/20/2014, objective findings included he is able to ambulate with a cane slowly, tenderness throughout the lumbar spine with significant decreased range of motion at the waist secondary to reproducible pain. Diagnostic impression shows cervical disc disorder, chronic neck and right upper extremity pain, bilateral foraminal stenosis worse on right side at c5-c6, multilevel degenerative disc changes, neck pain under dispute, prior lumbar fusion at L4-L5.Treatment to date: medication therapy, behavioral modification, surgery 4/2013, physical therapyA UR decision dated 4/22/2014 denied the request for MS contin 60mg #60, stating that the medical records at this time contain very limited information regarding the specific objective means of monitoring the four A's of opioid management(analgesia, ADL, adverse effects, aberrant behavior), and a prior physician review had recommended tapering opioids, and the plan regarding this tapering was not clear. A new request discussing tapering by the treatment physician would be needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 66, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, CT/CT Myelogram.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 3/20/2014, the patient claims he has good pain coverage, about 10-12 hrs of relief with MS contin. His pain level decreases to a 6/10 with medication, and he is able to carry out his own activities of daily living without assistance such as cooking, cleaning, laundering, and getting around the home. He reports no adverse side effects from the medication, and is not running out early or reporting lost or stolen medications. There are no aberrant drug behaviors noted with this patient, and he has had consistent urine drug screens. Therefore, the request for MS contin 60mg #60 is medically necessary.