

Case Number:	CM14-0069947		
Date Assigned:	07/14/2014	Date of Injury:	06/30/2007
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
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 is a case of a 63-year old male who has filed a claim for cervical spondylosis, lumbar radiculopathy, and chronic pain syndrome associated with an industrial injury date of 06/30/2007. Medical records from 2013 to 2014 were reviewed. Latest progress reports reveal that the patient still complains of neck and low back pain, weakness in both the arms and legs and pain that radiates from the low back to the posterolateral thigh to the knee on most days and occasionally to the bottom of the feet bilaterally. Upon cervical examination, there is spinal tenderness on palpation. On lumbosacral exam, there is spinal tenderness and positive sitting straight leg raise test in back in both legs. Motor exam shows the patient has antalgic gait. He is hypolordotic and kyphotic. Strength in the upper and lower extremities is normal. There is distal loss of sensation to pinprick and touch consistent with his myelopathy and peripheral neuropathy. Deep tendon reflexes in the upper and lower extremities are increased but equal. He has limitation in range of motion to both cervical and lumbar spine with pain. Treatment to date has included medications and physical therapy. Medications taken includes MS Contin, Norco, Amitriptyline. The medications as prescribed continues to provide relief of symptoms such as being able to perform activities of daily living independently. There was no documentation how long the patient has been taking these medications nor any urine drug screen to indicate drug aberrant behaviors. Utilization review dated 05/07/2014 denied the request for MS Contin 15 mg as no attempt has previously been made to reduce opioids that this patient is receiving. Reducing the MS Contin may be a good start if tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81, 86.

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

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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 this case, the earliest progress report citing use of MS Contin was from December 2013. Recent reports cited that opioid intake provided symptomatic relief and allowed the patient to be independent in performing activities of daily living. There was also note of absence of abuse and diversion from opioid use. Guideline criteria for continuing opioid management were met. Therefore, the request for MS Contin 15 mg #30 is medically necessary.