

Case Number:	CM14-0071316		
Date Assigned:	07/14/2014	Date of Injury:	08/24/1999
Decision Date:	08/29/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

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 Florida. 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 injured worker is a 52-year-old female who reported an injury on 08/24/1999 caused by an unspecified mechanism. The injured worker's treatment history includes MRI, physical therapy, x-ray, pain management, and medications. In the documentation submitted, the injured worker had undergone a urine drug screen on 12/13/2013 that was positive for MS Contin. The injured worker was evaluated on 07/15/2014 and it was documented that the injured worker complained of low back pain and leg pain and was described as sharp, dull/aching, throbbing, pins and needles, stabbing, numbness, pressure, electrical/shooting, burning, stinging, cramping, and weakness, spasm. Her current pain level was 7/10. A physical examination of the cervical spine revealed diffuse muscle spasm and tenderness, decreased range of motion of the cervical spine, and allodynia over both upper extremities. The lumbosacral examination revealed allodynia bilateral lower extremities. The medications included Oxycodone HCL 10 mg, MS Contin 30mg, Lyrica 150mg, Docusate Sodium 250mg, Synthroid 137mcg tabs, Propranolol HCL 10mg, Buspar 15mg, Diazepam 5mg, and Xanax 0.5mg, and MiraLAX powder. The diagnoses included ulnar neuropathy, left, complex regional pain syndrome, status post spinal cord stimulation implantation, lumbar radiculopathy, and depression major. In the documentation, the provider noted the injured worker has been on MS Contin 30mg 2 by mouth every 12 hours for constant severe pain and long acting MS Contin was medically necessary to control pain and allow her to have functional mobility and activities and quality of her life. She has been on this medication for the past 10 years and the injured worker tolerates this medication well with minimal side effects. Without her medication she has severe pain and cannot do her usual activities and would likely end up in the emergency room. Cutting her off MS Contin completely was medically inappropriate, dangerous, and unethical. The Request for Authorization dated 07/16/2014 was for MS Contin 30mg and a urine drug screen. The rationale for the urine drug screen was for

opiate compliance and MS Contin was for control pain that allows her to have functional mobility and activities and a quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin control released tablets 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The documents submitted indicated the injured worker being on MS Contin for over 10 years; however, there was only one drug screen submitted for this review for opioids compliance of pain medication. There was no outcome measurements of conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for MS-Contin control released tablets # 120 is not medically necessary.

Uring drug screen QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. On 12/20/2013, the injured worker underwent a urine drug screen that detected MS Contin; however, there was no evidence why the provider is requesting another urine drug screen. The provider indicated the injured worker had previous conservative care measures; however, the outcome measurements were not submitted for this review. Given the above, the request for the random drug screen is not medically necessary.