

Case Number:	CM14-0072578		
Date Assigned:	07/16/2014	Date of Injury:	06/28/1996
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 and is licensed to practice in Nevada. 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 59-year-old male who was reportedly injured on 6/28/1996. The mechanism of injury was noted as a lifting injury. The claimant underwent three cervical spine surgeries to include an anterior cervical spine fusion from C4-C7. The most recent progress note dated 3/25/2014, indicated that there were ongoing complaints of neck and low back pains. Physical examination demonstrated restricted cervical/lumbar range of motion, tenderness and spasm to cervical/lumbar paravertebral muscles, positive straight leg raise bilaterally, normal tone and strength in muscles and decreased sensation to L4, L5 and S1 dermatomes on the left. Plain radiographs of the cervical spine, dated 12/5/2013, showed cervical fusion C4-C5 with anterior plate present with good fusion along with previous fusion noted at C5-C6 and C6-C7 levels without instrumentation and levels above appear to have maintained disk height with mild sclerotic changes. Urine drug screen, dated 2/14/2014, was negative for benzodiazepine and positive for opiates. Previous treatment included Imitrex 25 mg, Xanax mg, Flexeril 10 mg, MS Contin 100mg three times a day. and oxycodone 30 mg every 6 hours prn BTP. A request was made for MS Contin 100mg tablets #9, and was not certified in the utilization review on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75,78, 93 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic neck and back pain after a work related injury in 1996; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. Furthermore, the guidelines specifically state that MS Contin is to be dosed once or twice a day, and it is currently being prescribed three times a day. This request is not considered medically necessary.