

Case Number:	CM14-0082167		
Date Assigned:	07/21/2014	Date of Injury:	11/11/2010
Decision Date:	09/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 33 year-old female with the date of injury of 11/11/2010. The patient presents with pain in her neck and lower back. The patient rates her pain as 3/10 on the pain scale with medication and 8/10 without medication. The patient is currently taking Lidoderm patch, Fentanyl patch, Lyrica, Norco, Docusate Sodium, Prevacid, Zantac, Lamictal, Maca, Dexethylphenidate, Vistaril, Lithium Carbonate, Flonase, Focalin, Mononessa, Trizanidine, Ventolin, and Zyrtec. According to [REDACTED] report on 05/06/2014, diagnostic impressions are: cervical/ lumbar strains with symptoms of radiculopathy, right shoulder impingement syndrome. The utilization review determination being challenged is dated on 05/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/31/2013 to 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 99.

Decision rationale: The patient presents with persistent pain in her neck and lower back. The request is for MS Contin 15mg #30. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six month, and page 78 requires documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behavior). Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. [REDACTED] report on 05/21/2014 indicates that "she started MS Contin but causes drowsiness and finds it hard to wake up." [REDACTED] report on 05/28/2014 indicates "failed: Methadone (otherMD), Percocet (other MD), Fentanyl patch, Trazodone, Naprosyn, MS Contin (sedation)." The treater clearly states that MS Contin has not helped in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.