

Case Number:	CM14-0083327		
Date Assigned:	10/06/2014	Date of Injury:	08/02/2009
Decision Date:	11/19/2014	UR Denial Date:	05/14/2014
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 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:

The patient is a 28 year-old female with date of injury 08/02/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/14/2014, lists subjective complaints as ongoing right foot pain. Objective findings: examination of the right foot revealed tenderness to palpation with no bony or soft tissue abnormalities. Active range of motion was decreased. Diagnosis: 1. Causalgia of lower limb 2. Pain in joint of lower leg 3. Pain in joint of ankle or foot. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. MS Contin 15mg, #60 SIG: one every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17, 24, 63, 68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2004, Pain - Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. MS Contin 15mg is not medically necessary.