

Case Number:	CM14-0088210		
Date Assigned:	07/23/2014	Date of Injury:	10/07/1992
Decision Date:	09/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 records, presented for review, indicate that this 59-year-old female was reportedly injured on 10/7/1992. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 4/29/2014, indicated that there were ongoing complaints of neck and back pains. The physical examination demonstrated cervical spine positive palpation over the cervical trigger points, on the right cervical paraspinal muscle, trapezius, and supraspinatus muscles. Positive trigger points on the left anterior cervical, trapezius, and supraspinatus muscles. Muscle strength bilateral upper extremities 5/5. Lumbar spine positive tenderness to palpation on the paraspinal region at L5 bilaterally. No recent diagnostic studies were available for review. Previous treatment included previous surgeries, physical therapy, and medications. A request had been made for MS Contin 15 mg #210, with 1 refill, and was not certified in the pre-authorization process on 6/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg, QTY: 210 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78 93 of 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines support long-acting opiates such as OxyContin 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 suffered from chronic pain and has an indwelling intrathecal pain pump. Therefore, an additional request is deemed not medically necessary.