

Case Number:	CM14-0094714		
Date Assigned:	07/25/2014	Date of Injury:	07/31/1999
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Rehabilitation 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 injured worker is a 57-year-old male who reported an injury on 07/19/1999. The mechanism of injury was not provided in the medical records. The injured worker's diagnoses included lumbar postlaminectomy syndrome, failed back syndrome status post regional anterior and posterior fusion of lumbar spine 07/16/2002 and revision complicated by postoperative infection requiring irrigation and debridement, history of spinal cord stimulation implantation complicated by MRSA infection with subsequent removal of system 05/2006, cervical myoligamentous injection and bilateral upper extremities radicular symptoms, right shoulder internal derangement status post arthroscopic surgery 03/15/2000, history of pulmonary Greenfield filter placement 2008/2009, reactionary depression, anxiety, and insomnia, spinal cord stimulator implant on 08/01/2011, revision on 02/27/2012, medication-induced gastritis with chronic nausea. Previous treatments included botulinum toxin injections, physical therapy, home health aid, ongoing stretching exercises, medication, and trigger points injections. Diagnostic studies included EMG of the upper and lower extremities performed on 06/11/2013, cervical and lumbar CT myelogram performed on 05/30/2013, EMG study of the upper extremities performed on 01/24/2012, EMG study of the upper extremity performed on 11/12/2011, cervical spine MRI performed on 03/14/2011, lumbar spine MRI performed on 03/14/2011, left knee MRI performed on 03/14/2011, right knee MRI performed on 03/14/2011, cervical spine MRI performed on 05/01/2006, and lumbar spine MRI performed on 05/01/2006. Surgical history included lumbar laminectomy, regional anterior and posterior fusion of the lumbar spine 07/16/2002, spinal cord stimulation implantation complicated by MRSA infection with subsequent removal of system 05/2006, right shoulder arthroscopic surgery 03/15/2000, spinal cord stimulator implantation 08/01/2011 and revision on 02/27/2012. The injured worker complained of ongoing pain in the neck with severe cervicogenic headaches along with radicular symptoms onto both upper

extremities. The injured worker reported pain of 9/10 and reported pain was aggravated with any type of bending, twisting, and turning. The injured worker continued to complain of low back pain as well as radicular symptoms in the form of weakness and numbness in both lower extremities. The injured worker reported functional limitations and being a high risk of fall. The clinical note dated 06/30/2014, noted cervical spine examination revealed tenderness to palpation long the posterior cervical musculature bilaterally and increased muscle rigidity with decreased range of motion. The examination of the right shoulder revealed tenderness to palpation along the shoulder joint line but no shoulder subluxation was appreciated. The injured worker had a decreased range of motion to shoulder; abduction to about 90 degrees in comparison to the left which was within functional limits. The injured worker had decreased sensation along the posterolateral forearm as well as the second, third, and fourth digits bilaterally, intrinsic muscle wasting was noted and deep tendon reflexes were 2/4 in the upper extremities bilaterally. The examination of the lumbar spine revealed a significant increased muscle rigidity and diffuse trigger points along the lumbar paraspinal muscles and the injured worker had decreased range of motion. The range of motion assessment revealed forward flexion was at least 6 inches from the injured worker's knees and extension was limited to only 10 degrees and the injured worker had pain with both maneuvers. The motor testing in the lower extremities revealed 3/5 to 3+/5. The injured worker had decreased sensation along the posterolateral thighs and posterolateral calves bilaterally. The deep tendon reflexes were 3/4 in the patella and Achilles bilaterally and the injured worker had 1 to 2 beats of ankle clonus noted bilaterally. The straight leg raise in the modified sitting position was positive at 45 degrees bilaterally which caused radicular pain. Medications included MS Contin 15 mg twice a day, Norco 10/325 mg 4 to 6 tablets a day as needed, Ultram ER 115 mg 4 to 6 tablets a day as needed, Prozac 20 mg twice a day, Prilosec 20 mg twice a day, Zofran 8 mg, Colace 100 mg 3 to 4 times a day, Abilify 5 mg a day, Wellbutrin XL 150 mg twice a day, Xanax 1 mg 3 times a day, Effexor XR 150 mg twice a day, and Ambien 10 mg at bedtime. The provider requested MS Contin 30 mg #90. The rationale for the requested treatment plan was not provided in the medical records. The request for authorization form was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for MS Contin 30 mg #90 is not medically necessary. The injured worker has a history of chronic pain and chronic opiate use. The California MTUS Guidelines state for ongoing management of chronic pain patients on opioid therapy, the guidelines require an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after

taking the opioid, how long it takes for pain relief and how long pain relief lasts. The guidelines state the four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation provided noted that the injured worker was able to wean himself off MS Contin though requiring higher dose of Norco that enables the injured worker to be as functional as possible. However, there is a lack of documentation to indicate the injured worker's response to pain with and without the medication as a pain rating was not provided. There was a lack of documentation to indicate any objective improved functional capacity with the continued use of opiates. There is a lack of documentation to indicate the use of random urine drug screens to rule out any potentially aberrant drug related behaviors. There is a lack of documentation to indicate the injured has or has not experienced adverse side effects through continued use of opiates. Overall, there is a lack of documentation of pain relief, functional status, appropriate medication use, and side effects to warrant continued use of the medication. As such, the request for MS Contin 30 mg #90 is not medically necessary.