

Case Number:	CM13-0015953		
Date Assigned:	03/12/2014	Date of Injury:	09/05/2010
Decision Date:	04/02/2015	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 5, 2010. In a Utilization Review Report dated August 23, 2013, the claims administrator partially approved a request for MS Contin, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated May 27, 2013, the applicant reported ongoing complaints of shoulder and arm pain. The applicant had difficulty performing activities of daily living as basic as cleaning, dusting, wiping, and reaching overhead. The applicant's medications include Percocet, OxyContin, and Soma, it was acknowledged. The applicant's allergies included morphine, it was stated in one section of the note. Percocet, OxyContin, and Soma were endorsed. On November 6, 2012, the applicant apparently presented to emergency department to obtain medication refills. The applicant contended that she had exhausted her supply of Soma and Percocet. The applicant was apparently discharged in a reportedly stable condition. On June 10, 2013, the attending provider noted that the applicant's urine drug screen was, somewhat incongruously, negative for all prescribed medications. A repeat drug testing was endorsed. On July 7, 2013, the applicant was given refills of Percocet, OxyContin, and MS Contin. The attending provider did report in one section of the report that the applicant reportedly had an allergy to morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN XR 12 HOUR 30MG #90 FOR THE PURPOSE OF WEANING WITH THE WEANING SCHEDULE AT THE PHYSICIAN'S DISCRETION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2) Prescription opiate abuse in chronic pain patients Page(s): 85.

Decision rationale: No, the request for MS Contin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 85 of the MTUS Chronic Pain Medical Treatment Guidelines, visits to the emergency department are often suggestive of prescription opioid abuse in chronic pain applicants. Page 85 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that urine toxicology screens which are negative for prescribed drugs on two occasions are indicative of possible diversion. Here, the applicant has apparently had drug testing which has been negative for previously prescribed opioid medications. All of the foregoing, taken together, suggested that discontinuing the offending opioids may be a more appropriate option than continuing the same. It is further noted that the attending provider has failed to reconcile his prescription for MS Contin of July 7, 2013 with his report on the same date that the applicant had an allergy to the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "allergies" into its choice of recommendations. Here, however, the attending provider did not clearly state why he was furnishing the applicant with MS Contin in the face of the purported allergy to the same. Therefore, the request was not medically necessary.