

Case Number:	CM14-0190222		
Date Assigned:	11/21/2014	Date of Injury:	12/08/1998
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 60-year-old female with a 7/8/98 date of injury. At the time (10/29/14) of the Decision for MS Contin 15mg 1 tab po bid #90, there is documentation of subjective (bilateral arm pain with numbness to the right elbow and bilateral fingers) and objective (moderate tenderness over the cervical paraspinals with tightness and spasms, limited range of motion of the cervical spine, decreased bilateral hand grip strength, and positive Phalen's and Tinel's signs) findings, current diagnoses (cervical degenerative disc disease, myofascial pain syndrome, and history of Ulnar neuropathy), and treatment to date (medications (including ongoing treatment with MS Contin, Naprosyn, and Norco since at least 3/4/14)). Medical reports identify that MS Contin provides a sustained pain relief and a decrease in pain level; and that medications enable the patient to perform activities of daily living including housework, spending time with patient's family, and taking care of patient's pets. There is no documentation of chronic pain in a patient who is in need of a continuous treatment; the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of MS Contin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg 1 tab po bid #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80;93. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of MS Contin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, myofascial pain syndrome, and history of ulnar neuropathy. However, there is no documentation of chronic pain in a patient who is in need of a continuous treatment. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with MS Contin and despite documentation that MS Contin provides a sustained pain relief and a decrease in pain level; and that medications enable the patient to perform activities of daily living including housework, spending time with patient's family, and taking care of patient's pets, there is no documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of MS Contin use to date. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 15mg 1 tab po bid #90 is not medically necessary.