

Case Number:	CM14-0194621		
Date Assigned:	12/02/2014	Date of Injury:	07/30/2003
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 Management; 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:

This 47 year old male worker was injured after a fall resulting in head trauma and cervical fracture/dislocation at C6-7. The date of injury was July 30, 2003. Diagnoses include status post C5 to T2 posterior cervical fusion, C6 incomplete quadriplegia post C6-7 fracture dislocation, low back pain, cervical radiculopathy and chronic pain. In physician's progress report dated October 23, 2014, the injured worker complained of persistent neck, right upper extremity and bilateral lower extremity pain problems. He reported that pain at an 8 on a 1-10 pain scale. An antalgic gait was noted and he was using bilateral forearm crutches for mobility. Dysesthesia and weakness were noted in the right upper extremity with flexion contractures in the right hand. The injured worker was treated with medications. He reported increased pain without his medications. A request was made for MS Contin Tab 30mg #30. On November 6, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg 1 every day #30: Upheld

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

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 status post C5 to T2 posterior cervical fusion, C6 incomplete quadriplegia post C6-7 fracture dislocation, low back pain, cervical radiculopathy and chronic pain. However, 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. In addition, given documentation of ongoing treatment with MS Contin, there is no documentation 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 as a result of MS Contin use to date. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 30mg 1 Every Day #30 is not medically necessary.