

Case Number:	CM14-0200088		
Date Assigned:	12/10/2014	Date of Injury:	06/26/2001
Decision Date:	01/26/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency 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:

Patient with reported date of injury on 6/26/2001. Mechanism of injury was not provided. Diagnosis listed includes shoulder joint pain, wrist joint pain, cervical spine strain and cervicalgia. Medical reports reviewed. Last report available until 10/31/14. Patient is unchanged. Patient has reportedly stopped Oxycontin. Urine Drug Screen was reportedly normal in 3/14. Patient's pain is reportedly 3/10. Pain medications reportedly allows patient to perform some household chores. Patient does have complaints of excessive drowsiness. No other side effects noted. Objective exam reveals R wrist tenderness. Mild neck tenderness with full range of motion. Provider states that plan was to continue current medications with no plans for weaning. Patient's pain is reportedly stable. Current medications include MS Contin. No other medications were listed. Prior treatments include radio frequency ablation, epidural injections, acupuncture and medications. Independent Medical Review is for MS Contin 60mg #60. Prior UR on 11/8/14 recommended modification to #45 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term assessment; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: MS Contin is oral Morphine, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement, activity of daily living, adverse events and aberrant behavior is appropriate. Patient is at the limit of recommended dosing of opioids, currently just at 120mg of Morphine equivalents daily. However, documentation shows that patient's pain is mild, only at 2-3/10, on current regiment. Guideline recommends opioids at lowest dosage, shortest course and only for severe pain. Patient was recently taken off Oxycontin with no significant detriment such as worsening pain or function. Patient's mild pain on current regiment show there is still leeway in weaning. There has not been an attempt at appropriate weaning of patient off such high dose of morphine. Current regiment of MS Contin is not medically necessary.