

Case Number:	CM14-0201359		
Date Assigned:	12/11/2014	Date of Injury:	01/24/2003
Decision Date:	01/29/2015	UR Denial Date:	11/15/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 58 year-old male with a 1/24/2003 date of injury. He has been diagnosed with post-concussive headaches and neurocognitive deficits; cervicalgia; and occipital neuralgia. There are ten medical reports available for review between 5/1/14 and 12/18/14. The 11/12/14 occupational medicine report states the patient continues with a chronic pain disorder with occipital neuralgia and neck pain. The patient is reported to be tolerating Effexor XR and no longer has suicidal ideation. He uses Lyrica for neuropathic pain, Norco for breakthrough pain, Lunesta for sleep and MS-ER 60mg in the morning and 30mg at night for pain. The patient is attempting to quit smoking and also takes Lisinopril, Coreg, Zocor, Norvasc, Avalox and ASA. The physician is in the process of tapering down on the MS-ER by 30mg and requests follow-up to monitor the schedule 2 medications. The 11/15/14 Utilization Review letter denied the request for schedule II medication prescription monitoring, stating that MTUS does not discuss this.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 schedule II medication Rx monitoring: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines State of Colorado Department of Labor and Employment, 4/27/2007 Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88 and 89.

Decision rationale: The patient is a 58 year-old male with a 1/24/2003 date of injury. He has been diagnosed with post concussive headaches and neurocognitive deficits; cervicalgia; and occipital neuralgia. The 11/12/14 occupational medicine report states the patient continues with a chronic pain disorder with occipital neuralgia and neck pain. The patient is reported to be tolerating Effexor XR and no longer has suicidal ideation. He uses Lyrica for neuropathic pain, Norco for breakthrough pain, Lunesta for sleep and MS-ER 60mg in the morning and 30mg at night for pain. The patient is attempting to quit smoking and also takes Lisinopril, Coreg, Zocor, Norvasc, Avalox and ASA. The physician is in the process of tapering down on the MS-ER by 30mg and requests follow-up to monitor the schedule 2 medications. This request is for 1 Schedule II Medication RX monitoring.MTUS Chronic Pain Medical Treatment Guidelines on Long-term Opioid use, page 88-89 for Visit Frequency states: (a) There is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The available medical reports show the patient has a chronic pain syndrome that is being managed with morphine sulfate extended release 60mg in the morning and 30 mg at night, with Norco for breakthrough pain. The current physician is attempting to wean the patient off of the morphine sulfate and requested a follow-up visit for monitoring the medication. MTUS guidelines states the follow-up visit should be adjusted to the patient's need and can be between 1 to 6 months. The request for the follow-up visit for medication monitoring is in direct accordance with MTUS guidelines. The request for the 1 Schedule II Medication RX monitoring visits is medically necessary.