

Case Number:	CM14-0076221		
Date Assigned:	07/16/2014	Date of Injury:	05/04/2007
Decision Date:	02/27/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/24/2014

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. 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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 64 year old lady who was injured on 5/4/2007. The diagnoses are cervicalgia, lumbar radiculitis, cervical radiculitis, neck and low back pain. There are associated diagnoses of depression, anxiety and insomnia. The 2009 MRI of the cervical spine showed multilevel degenerative disc disease. The MRI of the lumbar spine showed multilevel disc bulges, foraminal narrowing and nerve roots contact. There was subjective complaint of neck pain radiating to bilateral upper extremities associated with numbness and weakness of the hands. The objective findings are decreased range of motion of the cervical spine, positive Spurling's sign, tenderness of the cervical spine to palpation and decreased sensation over the C6 to T2 dermatomes. The UDS was monitored. There was no aberrant behavior noted. The ADL was improved with medications utilization. On 3/17/2014, there was subjective complaint of significant over sedation. At that time, the patient was also utilizing Ambien, Soma and MSER medications. The records indicate that cervical epidural injection was not authorized. The medications listed are MS Contin, Colace and Trazodone. A Utilization Review determination was rendered on 5/21/2014 recommending non certification for MS Contin 30mg #120 and Colace for DOS 5/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for long term treatment of severe pain when surgical and interventional pain options are unavailable, cannot be tolerated or have failed. The long term treatment with opioids can be associated with the risk of development of tolerance, dependency, sedation, addiction and adverse drug interaction with other sedatives. The records indicate that interventional and surgical treatment options are not available for the patient. There is documentation of guidelines required UDS, functional restoration and absence of aberrant behavior. The sedative side effects resolved with discontinuation of other sedating medications. The criteria for the use of MS Contin 30mg # 120 was met.

Colace 100mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids. Stool Softeners. Laxatives.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the prophylaxis and treatment of opioid induced constipation should be started at initiation and continued during chronic opioid treatment. The guidelines recommend that measures including increased fluid and fibre intake be incorporated in the treatment regimen. The records indicate that the patient is utilizing Colace for prophylaxis and treatment of opioid induced constipation. The criteria for the use of Colace 100mg #180 was met.