

Case Number:	CM15-0005368		
Date Assigned:	01/16/2015	Date of Injury:	10/06/1996
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 55-year-old male who reported an injury on 10/06/1996. A prior request was made for MS Contin 15 mg 120 tablets on 12/15/2014 with the prior denial based on his clinical notes not providing a functional measurement of pain. He was also indicated as being at high risk for potential aberrant drug related behavior due to his injury stated as 18 years old. The injured worker had been utilizing MS Contin since at least 04/2014 and with the injured worker identified as having utilized a spinal cord stimulator. Other conservative modalities included physical therapy and use of a cane and gabapentin for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use Section Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, for ongoing use of an opioid, physicians must refer to the 4 As to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. In the case of this injured worker, there were no current clinical documentation providing a recent urine drug screen to confirm compliance with his medication regimen. There was also no indication of a signed pain contract on file, nor of a current pill count to verify that he had no aberrant drug taking behaviors. Lastly, there was no mention in the recent clinical documentations of significant pain relief and functional improvement with the use of MS Contin. Therefore, the ongoing use cannot be supported and is not medically necessary.