

Case Number:	CM15-0006719		
Date Assigned:	01/21/2015	Date of Injury:	08/23/2013
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 44-year-old male who reported an injury on 08/23/2013. The mechanism of injury was pulling. The injured worker's diagnoses included cervical sprain. The injured worker's past treatments included physical therapy and medications. On 11/11/2014, the injured worker reported bilateral neck pain and bilateral upper extremity pain. He reported he did not get any relief from the cervical medial branch block performed. Upon physical examination, the cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion. Spurling's maneuver was negative bilaterally. There was tenderness upon palpation of the cervical paraspinal muscles. The injured worker's current medications included MSIR 30 mg and Lisinopril. The request was for MS Contin 30 mg by mouth 2 times a day #60 tabs. The rationale for the request was for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS contin 30mg po bid, #60 tabs: 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): 78-80.

Decision rationale: The request for MS contin 30mg po bid, #60 tabs is not medically necessary. According to the California MTUS Guidelines, the continuation of opioid therapy may be recommended for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker was noted to be on an up to date pain contract with previous urine drug screen being consistent with no aberrant drug related behaviors. The documentation indicates the injured worker is provided 60% improvement of his around the clock pain, with 60% improvement of his activities of daily living such as self care and dressing. The documentation indicates the injured worker was using the medication since at least 07/2014. The documentation did not provide a complete and thorough pain assessment (to include a current quantified pain, the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, and how long the pain relief lasts). On the date of examination, the injured worker reported continued bilateral neck pain and bilateral upper extremity pain with no relief from the cervical medial branch block performed. A complete and thorough pain assessment was not included in the documentation. As such, the request is not supported. Therefore, the request is not medically necessary.