

Case Number:	CM15-0105300		
Date Assigned:	06/09/2015	Date of Injury:	12/20/2007
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial injury on 12/20/2007. He reported loss of consciousness when a lid on a tool box, weighing approximately 150 pounds, closed and came down on the top of the head. He subsequently suffered immediate neck and head pain, memory difficulties, and drowsiness and underwent two cervical fusions, one in 2008 and a second in 2010. Diagnoses include cervical radiculopathy, cervical facet arthropathy, and status post cervical fusion x 2. Treatments to date include medication therapy, physical therapy, acupuncture treatments, trigger point injections, and facet joint injections. Currently, he complained of ongoing neck pain with radiation to bilateral arms, left greater than right. He reported taking the MSContin 15 mg, one tablet four times daily reduced pain from 9/10 VAS to 5/10 VAS and allowed for improved sleep and functioning. On 4/16/15, the physical examination documented limited cervical range of motion with tenderness over cervical facets. There was decreased sensation over the C7 dermatome. The plan of care included MS Contin 15mg tablets, one tablet four times daily as needed #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin (morphine sulfate controlled-release) 15mg, #120 (4 times daily as needed):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking MS Contin for an extended period. A physical exam on 3/2/14 revealed that the injured workers pain level had increased despite the use of opioids. An authorization on 3/3/15 approved MS Contin for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin (morphine sulfate controlled-release) 15mg, #120 (4 times daily as needed) is not medically necessary.