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| Case Number: | CM15-0017057 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 09/14/1993 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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, District of Columbia, Maryland
 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:

This 58 year old male sustained an industrial injury on 9/14/93, with subsequent ongoing neck and back pain. No recent magnetic resonance imaging was available for review. In a PR-2 dated 12/24/14, the injured worker complained of cervical spine pain 3/10 on the visual analog scale with radiation to bilateral shoulders. The injured worker reported that medications allowed for increased mobility and function. Physical exam was remarkable for tenderness to palpation to the cervical spine with limited range of motion. Current diagnoses included lumbar disc displacement without myelopathy brachia neuritis, depression and insomnia. The treatment plan included continuing medications (MS Contin, Norco, Lyrica, Lunesta, Doxepan and Provigil). On 1/16/15, Utilization Review noncertified a request for MS Contin 30mg #120 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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 Opiates
Page(s): 78 of 127.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." A review of the progress note dated January 23, 2015 does indicate an objective decrease in pain with the usage of MS Contin as well as increased ability for him to function independently. There was also a denial of any side effects and no evidence of aberrant behavior. Considering the documented benefits for continued usage of MS Contin, this request for MS Contin 30 mg is medically necessary.