

Case Number:	CM15-0132941		
Date Assigned:	07/21/2015	Date of Injury:	12/08/1998
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York

Certification(s)/Specialty: Internal 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 female who sustained an industrial injury on 12/08/1998 resulting in pain to the neck pain. Treatment provided to date has included: physical therapy massage therapy and acupuncture with no improvement; Toradol injection; medications; psychiatric treatments; and conservative therapies/care. Diagnostic tests performed include: a MRI of the cervical spine (per the progress report dated 06/23/2015) which showed degenerative vertebral changes and disc disease of the cervical spine without significant stenosis, uncovertebral spurs and degenerative facet changes with multilevel asymmetric foraminal narrowing, and a suspected small central disc protrusion at the T2-3 level without significant central stenosis. There were no noted comorbidities or other dates of injury noted. On 06/23/2015, physician progress report noted complaints of chronic neck pain with radiating pain down both arms. The pain was rated 7-8/10 in severity. Additional complaints included numbness to the right elbow and bilateral fingers, increased burning pain in the fingers, headaches and nausea. Current medications include MS Contin, Norco and Lyrica. The injured worker reported that the MS Contin reduces her pain level from 10/10 to 5-6/10 which is tolerable, Lyrica reduces her neuropathic pain by 50%, and Norco reduces her breakthrough pain by 50%. With the use of medications, the injured worker states that she is able to perform activities of daily living including taking care of her pets, washing dishes, vacuuming on occasion, and spending time with family. The injured worker also reports depression, and increased anxiety and frustration due to chronic pain and the denial of medications. The physical exam revealed anxious mood with a mild to moderate discomfort appearance,

difficulty standing from a deep seated position, tenderness over the paracervical and upper trapezius with tightness and spasms (worse on the right), limited range of motion in the cervical spine, decreased hand grip bilaterally, diminished sensation to light touch to the 1st and 2nd digits of the right hand, and positive Phalen's and Tinel's signs. The provider noted diagnoses of cervical degenerative disc disease, cervical radiculopathy, myofascial pain syndrome, history of ulnar neuropathy, depression and bilateral occipital neuralgia. Plan of care includes refills of MS Contin, Norco and Lyrica with additional refills, Toradol injection given, consider cervical epidural steroid injection and follow-up in 8 weeks. The injured worker's work status is permanent and stationary. The request for authorization and IMR (independent medical review) includes: MS Contin tablet 15mg one 3 times daily #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin tab 15mg, 1 by mouth three times a day, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Weaning of Medications Page(s): 78, 80, 80-81, 82, 124. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 115.

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

Decision rationale: The MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of MS Contin (morphine sulfate) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Although there is ongoing review in the progress reports of pain levels, improvement with the use of medications, side effects and appropriate medication use, the progress reports for the last several months show no ongoing increase in function or decrease in pain. Additionally, the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) how long it takes for pain relief; and 3) how long pain relief lasts. The most recent urine drug screening was reported to have been done on 10/16/2014 and reported to be consistent with medication use; however, this report was not available for review. As such, the requested MS Contin 15mg #90 with 3 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.