

Case Number:	CM15-0137384		
Date Assigned:	07/27/2015	Date of Injury:	02/18/2005
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 50 year old female sustained an industrial injury to the neck on 2/18/05. Computed tomography cervical spine (4/12/15) showed pseudoarthrosis at C6-7, full fusion at C5-6 and C4- 5, facet arthrosis at C2-3 and C3-4 and at the occiput of C1-2. Previous treatment included cervical fusion, thoracic outlet surgery, physical therapy, acupuncture, scalene massage, injections, cognitive behavioral therapy and medications. In an orthopedic evaluation dated 3/18/15, the physician noted that the injured worker had substantial residuals and was getting worse. The injured worker complained of clumsiness in the upper extremity, dropping items and balance disturbance. They physician recommended magnetic resonance imaging cervical spine and continuing current medications (Morphine, Percocet, Cymbalta, Topamax, Zanaflex, Losartan, Ambien and Dulcolax). In a PR-2 dated 5/21/15, the injured worker returned for medication refills. The injured worker wanted to proceed with surgical intervention as recommended by the orthopedic surgeon. Physical exam was remarkable for decreased sensation at bilateral C5-7 distribution, a decrease in the normal cervical spine lordosis, tenderness to palpation to the paraspinal musculature with spasms and positive axial compression test. Current diagnoses included status post cervical fusion, bilateral upper extremity radiculopathy. Past medical history was significant for hypertension. The treatment plan included refilling medications (Topamax, Percocet, MS Contin, Ambien and Cymbalta) and adding Ristaril for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin Tab 30 mg CR #90 (MED30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear documentation of patient improvement in level of function and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. The patient is taking MS Contin and Percocet with combined MED of 130 which exceeded the upper limit of 120 provided by the guidelines. The patient has been taking high dose of opioids without any substantial pain relief or functional benefits. Therefore, the request of Ms Contin Tab 30 mg CR #90 (MED30) is not medically necessary.