

Case Number:	CM15-0139762		
Date Assigned:	07/29/2015	Date of Injury:	04/23/2003
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 54 year old male, who sustained an industrial injury on April 23, 2003. Treatment to date has included psychological therapy, opioid medications, diagnostic imaging, home exercise program, left wrist arthroscopy, and left shoulder arthroscopy. Currently, the injured worker complains of tenderness to palpation of the lumbar spine paraspinal muscles. He exhibits a good range of motion of the lumbar spine. The evaluating physician notes that the injured worker's pain with MS Contin is reduced from a rating of 8 on a 10-point scale to a rating of 5 on a 10-point scale. With his medications he is able to perform activities of daily living, be more active and functional. He is able to walk 20 minutes per day. Without his medications, the injured worker would not be able to do these things. He reports that he is able to get more sleep with the use of his medications. The diagnoses associated with the request include right proximal arm amputee and chronic neck and left upper extremity pain. The treatment plan includes continuation of MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60 (DND: 6/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: MS Contin 15mg #60 (DND: 6/11/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation describes this patient as TTD, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The documentation reveals that the patient has been on long term opioids without significant evidence of increase in function on MS Contin therefore the request for continued MS Contin is not medically necessary.

MS Contin 15mg #60 (DND: 7/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

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