

Case Number:	CM15-0148774		
Date Assigned:	08/12/2015	Date of Injury:	12/05/2002
Decision Date:	09/15/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 (IW) is a 64-year-old male who sustained an industrial injury 12-05-2002. Diagnoses include cervicalgia; pain in joint, shoulder; and sprain-strain, shoulder. Treatment to date has included medications and cervical fusion. According to the progress notes dated 6-28-2015, the IW reported constant, severe pain in the neck, right shoulder and down his left arm, rated 10 out of 10. On examination, there was tenderness to palpation in the cervical paraspinal muscle and the right shoulder. Range of motion (ROM) of the cervical spine was 80% with flexion, extension and rotation; strength was 5 over 5. ROM was painful in the right shoulder with abduction and flexion. Strength was 5 over 5 with give-away weakness. Sensation was intact. He had neck surgery in 2003. The provider noted the IW had a long history of neck and right shoulder pain. A request was made for MS Contin 30mg, #60 and Vicodin 5-500mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Morphine Page(s): 96.

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

Decision rationale: The patient presents with pain affecting the neck, right shoulder and right arm. The current request is for MS Contin 30mg quantity 60. The treating physician report dated 7/14/15 (37B) states, "He eventually ended up having neck surgery in 2003. Since then, he has been treated conservatively with pain medications. He takes Dilaudid, Vicodin and Motrin for his pain. I personally do not prescribe Dilaudid for chronic pain management. He has agreed to take MS for pain management. His pain medication was filled about two weeks ago, will give him MS Contin for his pain along with Vicodin and Motrin." The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The medical reports provided indicate that the patient has not been prescribed MS Contin previously. In this case, the patient presents with severe pain affecting the neck, right shoulder and right arm on a level of 10/10. Furthermore, the physician is initiating a new trial of MS Contin in the place of Dilaudid as he does not prescribe the latter for chronic pain management. The MTUS guidelines support a trial of opioids as outlined on pages 76-78. The current request is medically necessary.

Vicodin 5/500mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Acetaminophen Page(s): 91.

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

Decision rationale: The patient presents with pain affecting the neck, right shoulder and right arm. The current request is for Vicodin 5/500mg quantity 60. The treating physician report dated 7/14/15 (37B) states, "He eventually ended up having neck surgery in 2003. Since then, he has been treated conservatively with pain medications. He takes Dilaudid, Vicodin and Motrin for his pain. I personally do not prescribe Dilaudid for chronic pain management. He has agreed to take MS for pain management. His pain medication was filled about two weeks ago, will give him MS Contin for his pain along with Vicodin and Motrin." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).The medical reports provided show the patient has been taking Vicodin since at least 3/10/15 (42B). The report dated 7/14/15 (37B) notes that the patient's pain is 10/10 while on current medication. No adverse effects or adverse behavior were discussed by the patient. The patient's work status was not documented in the medical reports provided for review. The patient's last urine drug screen was not available for review and there

is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed and functional improvement has not been documented. Furthermore, the patient has been taking Vicodin since at least 3/10/15 and still experiences pain on a level of 10/10. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Vicodin. The current request is not medically necessary.