

Case Number:	CM15-0161130		
Date Assigned:	08/27/2015	Date of Injury:	10/13/1996
Decision Date:	10/02/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/18/2015

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:

The injured worker is a 65 year old female who sustained an injury on 10-13-96. The initial symptoms and complaints are not included in the medical reports. The current office visit dated 3-16-15 reports diagnoses are cervical spondylosis; cervical radiculopathy; thoracic spondylosis without myelopathy; lumbosacral spondylosis without myelopathy and post laminectomy syndrome, lumbar region. Medications are Ambien 125 CR one daily, Diazepam 5 mg 5 daily, Neurontin 300 mg 5 daily and MS Contin 100 mg one every 6 hours #120 per 30 days. Symptoms are neck pain with medication that is rated as 4 out of 10. Other symptoms include neck pain to the right shoulder and to right chest wall radiating down right arm pain that is shooting and stabbing pain. The right arm has numbness and tingling fingers and is worse with flexion and occasionally hyperextension. There is pain with driving when turning the neck and the pain is worse in the morning. The IW is able to do some housework, and it is noted that without medication is homebound and has limited activities of daily living. The physical examination notes neck moderate tenderness over the lower cervical spine and nuchal area, with tenderness in the trapezia muscles, reduced painful C-spine range of motion; tenderness mid to lower thoracic spine with mild pain with lateral bend, rotation and hyperextension of the thoracic spine; lumbosacral spine reveals mild local tenderness in the Para lumbar muscles. There is no sacral-iliac joint tenderness or sciatic notch tenderness. Straight leg raise is negative at 180 degrees both legs with the IW is sitting. Current requested treatments MS Contin 100 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

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 non-adherent) 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." Review of the available medical records reveals no documentation to support the medical necessity of MS Contin nor any documentation addressing the "4 A's" domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.