

Case Number:	CM15-0164687		
Date Assigned:	09/02/2015	Date of Injury:	01/01/2010
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 1, 2010. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for MS Contin. The claims administrator referenced an RFA form received on August 13, 2015 and an associated progress note of August 12, 2015 in its determination. The applicant's attorney subsequently appealed. On September 21, 2015, the applicant reported ongoing complaints of neck and low back pain, 9/10. The applicant was described as having "severe pain and disability." The applicant was on Adderall, Cymbalta, Zestril, MS Contin, Zofran, Prilosec, and Inderal, it was stated in one section of the note. Cymbalta and MS Contin were both renewed while the applicant was kept off of work, on total temporary disability. The attending provider stated that the applicant's medications were diminishing her pain scores by 10%. On August 12, 2015, the applicant again reported severe 9/10 neck and back pain. The attending provider stated that the applicant was deriving a 10% improvement in pain scores as a result of ongoing medication consumption. Once again, Cymbalta and morphine were renewed, while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for MS Contin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on office visits of August and September 2015, referenced above. Severe, 9/10 pain complaints were reported. While the attending provider did recount a reported reduction in pain scores by 10% effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's failure to identify meaningful, material, and substantive improvements in function effected as a result of ongoing MS Contin usage, and the attending provider's report on September 21, 2015 stating that the applicant had "severe pain and disability" present despite ongoing MS Contin usage. It did not appear, in short, that the applicant had profited appreciably with ongoing MS Contin usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid usage. Therefore, the request is not medically necessary.