MAXIMUS Federal Services

Case Number:	CM15-0168626		
Date Assigned:	09/09/2015	Date of Injury:	10/12/2004
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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
Certification(s)/Specialty: Emergency 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-work injury on 10-12-04. A review of the medical records indicates that the injured worker is undergoing treatment for cervical stenosis, cervical foraminal stenosis bilaterally, cervical radiculopathy and low back pain. Medical records dated (2-11-15 to 6-25-15) indicate complaints of neck and low back pain with numbness in the left arm and cramping in the bilateral hamstrings. The pain is rated 2-7 out of 10 on pain scale. The progress report date 6-25-15 notes that the injured worker reports that the symptoms are worse than the last visit. The medical records also indicate worsening of the activities of daily living. The injured worker reports that the pain medications provide moderate relief of pain. Per the treating physician report dated 6-25-15 the injured worker is permanent and stationary. The physical exam dated from (2-11-15 to 6-25-15) reveals that the cervical range of motion is 50 percent of expected and there is tenderness noted over the cervical process and paraspinal area. He can abduct the upper extremities to slightly more than 90 degrees with pain in the shoulders and neck bilaterally. The grip strength is decreased bilaterally and the upper extremity reflexes are 2 out of 4 bilaterally. Treatment to date has included pain medication, MS Contin 15mg #90 since 6-25-15, MSIR 15mg #180 since 6-25-15, activity modification, diagnostics, surgery, pool therapy, physical therapy 12 sessions, and home exercise program (HEP). The treating physician indicates that the urine drug test result dated 1-26-12 was inconsistent with the medication prescribed. The original Utilization review dated 8-6-15 denied a request for MS Contin 15mg #90 as the submitted documentation does not support the medical necessity and MSIR 15mg #180 was denied as it was not medically appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90: Overturned

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 for chronic pain, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: MS Contin is extended release morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient was previously on oral Dilaudid and was previously taking 4 mg 4 times a day which equates to 64 mg Morphine Equivalent Dose (MED) a day. Prior UR had recommended weaning off dilaudid therefore provider switched patient to MS Contin and MSIR. Patient had adequate pain control on oral Dilaudid with variable pain and some improvement in functional status. In switching patient to MS Contin and MSIR, provider has increased the daily MED for unknown reason. MS Contin is equivalent to 45mg MED and MSIR can be up to 90mg MED which in combination would exceed the maximum daily MED of 120 mg as recommended by MTUS guidelines. Patient has a chronic pathology that is unlikely to suddenly improve, however converting patient from a lower daily dose MED of short acting opioid to higher daily MED is not appropriate. MS Contin, a longer acting opioid, is medically indicated in process of weaning patient from dilaudid. MS Contin is medically necessary.

MSIR 15mg #180: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: MSIR is morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient was previously on oral Dilaudid and was previously taking 4mg 4 times a day which equates to 64mg Morphine Equivalent Dose (MED) a day. Prior UR had recommended weaning off dilaudid therefore provider switched patient to MS Contin and MSIR. Patient had adequate pain control on oral Dilaudid with variable pain and some improvement in functional status. In switching patient to MS Contin and MSIR, provider has increased the daily MED that patient is taking for unknown reason. MS Contin is equivalent to 45mg MED and MSIR can be up to 90mg MED which in combination would exceed the maximum daily MED of 120mg as recommended by MTUS guidelines. Patient has a chronic pathology that is unlikely to suddenly

improve, however converting patient from a lower dose MED short acting opioid to higher MED opioids is not appropriate. MS Contin, a longer acting opioid, is medically indicated in process of weaning patient from dilaudid. However, a short acting opioid like MSIR is not indicated in process of weaning especially since it will exceed daily MED recommendation as per MTUS guidelines, therefore the request is not medically necessary.