

Case Number:	CM15-0184202		
Date Assigned:	09/24/2015	Date of Injury:	12/01/2004
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 injured worker is a 56 year old female, who sustained an industrial injury on December 1, 2004, incurring neck and back injuries. She was diagnosed with cervical degenerative disc disease and cervical radiculopathy and lumbar degenerative disc disease. Treatment included pain medications, neuropathic medications, topical analgesic patches and activity restrictions. In 2006, the injured worker underwent a surgical cervical fusion. In 2012, the injured worker had chronic neck and bilateral shoulder pain with right arm paresthesia. Treatment at that time included opioids, and an opioid detoxification program was offered to the injured worker in September, 2012. Currently, the injured worker complained of persistent neck pain and stiffness with decreased range of motion, interfering with her activities of daily living including sleep disturbance. She was diagnosed with brachial neuritis. The treatment plan that was requested for authorization on September 18, 2015, included a prescription for MS Contin 15mg, #60. On September 14, 2014, a request for a prescription for MS Contin 15mg, #60, was modified to MS Contin 15mg, #15 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg, sixty count: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking MS Contin and Percocet for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin 15 mg, sixty count is determined to not be medically necessary.