MAXIMUS Federal Services

Case Number:	CM15-0186781		
Date Assigned:	09/28/2015	Date of Injury:	12/11/2004
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on December 11, 2004, incurring upper back, neck, shoulder and hip injuries. She had a history of low back surgery in 1993. She was diagnosed with cervical degenerative disc disease, cervical radiculopathy, and right shoulder subacromial decompression and right hip pain. Treatment included physical therapy, cervical epidural steroid injection, stellate blocks, and functional rehabilitation program for 26 days, 12 sessions of pain management, anti-inflammatory drugs, pain medications, topical analgesic gel, muscle relaxants, antidepressants, and H-Wave unit and activity restrictions. She underwent a right shoulder arthroscopy in 2005, and left elbow surgery in 2010. Currently, the injured worker complained of neck pain, right shoulder pain and right hip pain. She had pain radiating into both upper extremities with numbness and tingling. She noted frequent neck spasms and tremors that caused her to fall. She also rated her pain a 10 out of 10 on a pain scale for 1 to 10. She underwent a lumbar Magnetic Resonance Imaging on December 10, 2014 revealing multilevel degenerative disc disease without stenosis. The injured worker noted that her intense pain and restricted range of motion interfered with any activities of daily living. The treatment plan that was requested for authorization on September 22, 2015, included a prescription for MS Contin 30 mg, #90. On September 10, 2015, a request for a prescription for MS Contin was non-certified 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 30 mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids for neuropathic pain, Oral morphine.

Decision rationale: According to the guidelines, MS Contin is not 1st line for mechanical or compressive etiologies. The claimant has been on opioids including Oxycontin, Norco and MSContin interchangeably for the past 2 years. The claimant had done better in the past with Oxycontin. There was no mention of weaning failure. The claimant was on NSAIDS, topical analgesics and SOMA. Combined use increasing risks of addiction and side effects. In addition, pain reduction attributed to MSContin cannot be determined. In addition, the combined dose of MSContin and Norco exceeds the 120 mg of Morphine equivalent recommended. Continued use of MSContin at the does specified is not medically necessary.