

Case Number:	CM15-0188018		
Date Assigned:	09/29/2015	Date of Injury:	11/24/2001
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old female who sustained an industrial injury on 11-24-2001. A review of medical records indicates the injured worker is being treated for chronic neck pain with some radicular symptoms and right medial meniscal repair. Medical records dated 8-20-2015 noted ongoing neck and left shoulder pain. It is noted she continues to do well on the current medication regime with no adverse side effects or aberrant behaviors. She started being in pain all the time. Medical records dated 7-23-2015 noted pain goes from an 8 out 10 to 4 out of 10 with medication. Physical examination dated 8-20-2015 noted no significant change. Treatment has included Norco, Soma, TENS, and MS Contin since at least 3-5-2015. Utilization review form dated 9-16-2015 modified Ms Contin 30mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ms Contin 30mg #120: 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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in November 2001 and is being treated for chronic neck pain with radicular symptoms. She has a history of a cervical fusion in September 2012. She has secondary depression and anxiety. When seen, medications were decreasing pain from 9/10 to 4-5/10 and allowing her to remain functional. Physical examination findings included decreased cervical spine range of motion. MS Contin and Norco were prescribed at a total MED (morphine equivalent dose) of 200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not medically necessary.