

Case Number:	CM15-0194574		
Date Assigned:	10/08/2015	Date of Injury:	10/13/1996
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 65 year old female, who sustained an industrial injury on 10-13-1996. The medical records indicate that the injured worker is undergoing treatment for lumbosacral spondylosis, status post lumbar laminectomy syndrome, cervical spondylosis, and thoracic spondylosis. According to the progress report dated 9-21-2015, the injured worker presented with complaints of neck pain with radiation into the right shoulder, chest, and down right arm, associated with numbness and tingling in the fingers. In addition, she complains of low back pain with radiation down the right hip to back of thigh. She notes that the symptoms are gradually worsening with less pain medication. On a subjective pain scale, she rates her pain 8+ out of 10. The physical examination of the cervical spine reveals moderate tenderness over the lower cervical spine, nuchal area, and trapezius, markedly reduced and painful range of motion, and increased sensitivity. There is tenderness in the mid-to-lower thoracic spine with mild pain with lateral bend, rotation, and hyperextension. The lumbosacral spine reveals mild local tenderness in the paralumbar muscles. Range of motion is mildly reduced. The current medications are Diazepam, Neurontin, and MS Contin (since at least 1-26-2015). The treating physician states that the "pain medications allow her to be up more, functioning, and able to do some house work, go shopping, walk up stairs to apartment, and stand for cooking". Previous diagnostic studies were not indicated. Treatments to date include medication management and surgical intervention. Work status is not specified. The original utilization review (9-24-2015) partially approved a request for MS Contin #50 (original request was for #100).

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin tablet 100mg CR #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1996 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. When seen, she had neck pain with medications rated at 8+/10. She was having radiating symptoms into the right upper extremity. She had low back pain and was having difficulty with flexion and walking. She was having pain radiating into the right hip and back of her thigh. Pain medications are referenced as allowing her to be up more and perform housework, shopping, and activities requiring standing and walking. Physical examination findings included moderate tenderness and decreased and painful range of motion. Reflexes were increased, slightly more on the right side. Straight leg raising was negative. MS Contin was refilled at an average daily MED (morphine equivalent dose) of over 300 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 2.5 times that recommended. There are no unique features of this case that would support dosing at this level and the claimant is having ongoing severe pain. Weaning of the currently prescribed medications is not being actively planned. Ongoing prescribing at this dose is not medically necessary.