

Case Number:	CM15-0198329		
Date Assigned:	10/13/2015	Date of Injury:	02/26/2005
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 48 year old male, who sustained an industrial injury on 2-26-05. The injured worker is diagnosed with cervical spine multilevel disc herniation, cervical spine facet arthropathy, right shoulder slap lesion, right acromioclavicular sprain-strain and right rotator cuff tear. His disability is permanent and stationary; he is not currently working. Notes dated 6-16-15 - 9-10-15 reveals the injured worker presented with complaints of neck pain described as burning and stabbing in the center of his neck that radiates into his upper back. He reports pins and needles across his trapezius musculature and down his upper extremities to his hands. There is intermittent, sharp pain down his right arm to his hand and fingers. He reports a pins and needles sensation in his hands and fingers bilaterally and weakness in his bilateral upper extremities. He reports increased neck pain with any neck movement and prolonged sitting. He experiences upper back pain and numbness and tingling in his left shoulder blade and low back pain that radiates to his legs. He reports the pain is increased by moving his neck and cold weather. He reports right shoulder pain, headaches and sleep disturbance. His pain is rated at 5-9 out of 10. Physical examinations dated 6-16-15 - 9-8-15 revealed cervical spine and upper thoracic spine tenderness to palpation as well as tenderness at the cervical paraspinals and trapezius muscles. His cervical spine range of motion is decreased. There is tenderness to palpation of the right acromioclavicular joint, anterior and lateral shoulder. Muscle spasms are noted at the right anterior shoulder. A note dated 9-8-15 reveals treatment to date has included lumbar laminectomy, psychotherapy, pain management, bilateral rhizotomy C3-C4 (2015), bilateral medial C3-C4 and C4-C5 branch block (2014) provided some relief after the first few hours, but he pain returned 9-8-15, C3-C4 medial branch block (2013), C3-C4 and C4-C5 (2014) provided moderate relief, chiropractic care provided moderate relief and physical therapy did not provide relief. His medications include;

Morphine, Norco, Soma, Clonazepam, Lyrica and Cymbalta. Diagnostic studies to date have included lumbar spine x-ray (2015), lumbar spine CT scan (2015) and urine toxicology screen (3-30-15). A request for authorization dated 9-3-15 for MS Contin 30 mg #60 is non-certified, per Utilization Review letter dated 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of MS Contin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 4/2/15 was positive for opiates, benzodiazepines, Meprobamate, and THC. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.