

Case Number:	CM15-0029404		
Date Assigned:	02/23/2015	Date of Injury:	06/22/2011
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male with an industrial injury dated 06/22/2011. His diagnoses include chronic right knee pain, status post meniscectomy and chondroplasty (11/18/2011), left knee pain, neck pain with radiating symptoms to the left arm status post fusion, chronic left shoulder pain, status post left cubital tunnel release, and right inguinal hernia. Recent diagnostic testing has included x-rays of the cervical spine (01/12/2015) showing perfect placement of the anterior locking plate and auto graft filling the C6-C7 interspace, and MRI of the right knee (06/13/2014) showing some degenerative changes, small joint effusion and suspicion for ACL tear with interval scarring. Previous treatments have included conservative care, long term medication use, cervical decompression and fusion (10/24/2015), left shoulder surgery (04/02/2012), left cubital tunnel release (04/02/2012), and right knee surgery (11/18/2011). In a progress note dated 01/12/2015, the treating physician reports that the injured worker is almost 10 weeks post-op and that the pain had changed from a knife-like discomfort to a dull ache with pain over the left iliac crest bone graft donor site with radiation to the left inguinal area. The objective examination revealed equal bilateral hand grip at 30 pounds, cervical rotation of 60°, cervical flexion of 30°, and symmetrical upper extremity reflexes, and full motor strength bilaterally. The treating physician is requesting MS Contin which was modified by the utilization review. On 01/22/2015, Utilization Review modified a prescription for MS Contin 60mg #90 to MS Contin 60mg #23, noting that the injured worker had been on long term opioid therapy with recent recommendations for weaning. However, it was also noted that the injured worker was status post cervical fusion and had not yet been cleared for physical

therapy, so function was limited, and that prior request for MS Contin had been modified to allow for continuation of the medication as the injured worker was post-surgical. The MTUS ACOEM ODG Guidelines were cited. On 02/18/2015, the injured worker submitted an application for IMR for review of MS Contin 60mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for MS Contin 60mg #90 is not medically necessary.