MAXIMUS Federal Services

Case Number:	CM15-0219858		
Date Assigned:	11/12/2015	Date of Injury:	12/08/1998
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/09/2015

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, North Carolina
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:

This 61 year old woman sustained an industrial injury on 12-8-1998. Diagnoses include cervical degenerative disc disease, cervical radiculopathy, myofascial pain syndrome, history of ulnar neuropathy, depression, and bilateral occipital neuralgia. Treatment has included oral medications including MS Contin, Lyrica, and Norco and cervical spine epidural steroid injection. Physician notes dated 10-5-2015 show complaints of chronic neck pain rated 4-5 out of 10 with radiation down the bilateral arms. The worker rates her pain 10 out of 10 without medications and 5-6 out of 10 with medications. the physical examination shows a slowed gait, right cervical paraspinal tenderness, limited range of motion on all planes, hand grips 4+ out of 5 on the left and 3+ out of 5 on the right, diminished sensation to the first and second digits of the right hand, bilateral upper extremity reflexes are symmetric, and positive Phalen and Tinel tests. Recommendations include MS Contin, Norco, Lyrica, Toradol injection, consider laboratory testing, and follow up in four weeks. Utilization Review denied a request for MS Contin on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg CR #90: Upheld

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

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

Decision rationale: The request is for MS Contin for chronic pain. In this case, there is no support for chronic daily use of MS Contin. There is no evidence of significant pain relief or functional improvement since the date of injury in 1998. Of note is that there have been numerous UR determinations over the past year recommending that the patient be weaned from the opioid. However this has not been attempted. The patient has had adequate time to be weaned from the opioid. The patient has responded well to cervical ESI, however there was no evidence that her medications were reduced. There is no evidence that the lowest possible dose is being utilized. Therefore the request is not medically necessary or appropriate.