

Case Number:	CM15-0036686		
Date Assigned:	03/05/2015	Date of Injury:	04/18/2002
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 04/18/2002. The mechanism of injury involved a fall. The current diagnoses include cervicalgia, cervical disc degeneration, cervical spondylosis without myelopathy, prior lumbar surgery, sacroiliac joint arthropathy, chronic intractable pain and chronic opioid use. The latest physician progress report submitted for review is documented on 05/29/2014. The injured worker presented with complaints of 7/10 pain with associated numbness, tingling, muscle spasm, tightness and weakness. The injured worker also reported activity limitation and sleep disturbance. The current medication regimen includes Avinza 60 mg, Dilaudid 4 mg, Duragesic 50 mcg, hydrocodone 40 mg, hydrocodone CR 40 mg, Lidoderm 5% patch, methadone 10 mg, Protonix, Senokot, Zyprexa 5 mg, Cymbalta 60 mg, diazepam 5 mg, hydrocodone 5/325 mg, ibuprofen, Lexapro 10 mg and morphine sulfate ER 15 mg. Upon examination of the cervical spine, there was 5/5 motor strength, positive Spurling's maneuver, tenderness to palpation over the facet joints at C4-7, occipital nerve tenderness, and reduced range of motion. Recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of MS Contin 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication for an unknown duration. In addition, the injured worker also utilizes multiple opioid medications to include Dilaudid 4 mg, Duragesic 50 mcg, methadone 10 mg and hydrocodone. The medical necessity for the ongoing use of these above medication has not been established in this case. The injured worker continues to report high levels of pain with activity limitation and sleep disturbance despite the ongoing use of this medication. The request, as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.