

Case Number:	CM15-0036812		
Date Assigned:	03/05/2015	Date of Injury:	02/05/2004
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
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: New Jersey
 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:

The injured worker is a 45 year old female, who sustained an industrial injury on 2/05/2004. The mechanism of injury was not noted. The diagnoses have included cervical torticollis. Treatment to date has included conservative measures. The PR2 report, dated 2/04/2015, was handwritten and was not entirely legible. Currently, the injured worker complains of chronic and severe pain, worst in the right neck, and occasional migraines. Objective findings included cervical range of motion within normal limits, positive paravertebral muscle spasms, multiple trigger points in the right greater than left cervical muscles, and right upper extremity allodynia and weakness. Current medications were not noted. Treatment plan included continued medication for intractable pain. Diagnostic reports were not noted. On 2/12/2015, Utilization Review modified a request for MSIR 15mg (#180/30 days), to MSIR 15mg (#90/30 days) for weaning, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 74 - 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she was using Opana for daily use and MSIR (morphine sulfate immediate release) for breakthrough pain. However, there was insufficient evidence to suggest the above review considering her opioid use was completed around the time of this request for renewal. There was no documentation found which included a report of measurable functional gains or pain-reduction directly related to the MSIR use, and it is not known how often this medication was actually being used, as it was not included in the progress notes provided for review. The provider suggested gradual weaning of opioids, but there was no evidence to suggest this was actually being done. Therefore, the MSIR will be considered medically unnecessary. Weaning is recommended.