

Case Number:	CM15-0038995		
Date Assigned:	03/09/2015	Date of Injury:	08/06/2009
Decision Date:	05/12/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 55-year-old female, who sustained an industrial injury on 8/6/2009. The details of the initial injury and prior treatments were not submitted for this review. The diagnoses have included wrist pain and joint pain. Treatment to date has included medication therapy and paraffin wax treatments with noted relief. Currently, the IW complains of wrist pain rated 7/10 VAS. On 1/21/15, the physical examination documented previous wrist surgery with the screw palpable at mid wrist, tender, and zero (0) degrees of flexion/extension at the wrist. There was discussion of possible future surgery for hardware removal. The provider documented that she had been unable to wean off MS Contin beyond twice a day. The plan of care was to continue medication as previously prescribed with attempt to wean once the weather warmed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60 with refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 55-year-old patient presents with wrist pain, rated 7/10. The request is for MS Contin 15mg #60 with refill. The RFA provided is dated 02/04/15 and the patient's date of injury is 08/06/09. The diagnoses have included wrist pain and joint pain. Per 1/21/15 report, the physical examination documented previous wrist surgery with the screw palpable at mid wrist, tender, and zero (0) degrees of flexion/extension at the wrist. Treatment to date has included medication therapy and paraffin wax treatments with noted relief. The patient rates the pain 5/10 with medications and 10/10 without medications and denies any side effects. Medications include MS Contin, Norco and Ibuprofen. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 11/26/14 report, treater states, "With medications the patient is able to perform household tasks including cooking, cleaning, self-care for 30 to 45 minutes or greater at a time. Without these medications the patient cannot perform these tasks or is limited to 10 minutes or less." Additionally, the 01/21/15 requesting report states, "The pain agreement was briefly reviewed with the patient. She does not exhibit any adverse behavior to indicate addiction. UDS screenings have been consistent and the patient submits to periodic random urine drug screens." Given the clear documentation of the 4As, including analgesia, ADL's, adverse reactions, and aberrant behavior, the request is medically necessary.