

Case Number:	CM15-0045305		
Date Assigned:	03/17/2015	Date of Injury:	05/01/2003
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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, Pain Management

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 62-year-old male, who sustained an industrial injury on 5/01/2003. The mechanism of injury was not noted. The injured worker was diagnosed as having left shoulder pain, status post anterior cervical discectomy and fusion at C7 to T1, bilateral cervical radiculopathy, anterior and cervical discectomy and fusion at C4-5, C5-6, and C6-7, cervical post-laminectomy syndrome, cervical disc protrusion, cervical stenosis, cervical facet joint arthropathy, cervical strain/sprain, anxiety, right elbow surgery, and bilateral upper extremity injury. Treatment to date has included surgical and conservative measures. A magnetic resonance imaging report of the cervical spine, dated 11/13/2014, noted solid appearing interbody fusion C4 through T1 and bilateral neural foraminal narrowing C3 through C7, both unchanged from prior study on 1/03/2013. Currently, the injured worker complains of bilateral neck pain with radiation to both shoulders. Current medications included Prilosec, Ativan, Soma, Lisinopril, and MSIR 15mg every 6 hours as needed for pain. Physical exam noted tenderness with palpation of the cervical paraspinal muscles, left arm and forearm atrophy, restricted cervical range of motion in all directions, and diminished sensation in the right C5, left C7, and bilateral C6 dermatomes. Medication use of MSIR was documented as providing a 50% reduction in pain and improvement in activities of daily living including self-care and dressing. The previous urine drug screen was documented as consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MSIR, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no aberrant use and consistent urine drug screens. In light of the above, the currently requested MSIR is medically necessary.