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| Case Number: | CM15-0046363 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 02/16/2012 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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 43-year-old male, who sustained an industrial injury on 2/16/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having degeneration of cervical intervertebral disc. Treatment to date has included conservative measures. Currently, the injured worker reports neck pain and stability on current regime. Medications were documented to provide effective pain relief and assist with performing activities of daily living. Current medications included Diazepam, Diclofenac, Lexapro, and MS Contin. Physical exam noted paraspinal tenderness over T1-3, and superiorly over C4-5, C5-6, and C6-7. Active range of motion was decreased. An updated cervical magnetic resonance imaging (1/29/2015) was noted. A progress report dated February 16, 2015 states that the patient's medication provides effective pain relief, allows the patient to be more active day-to-day, and performs activities of daily living. No adverse effects or aberrant drug seeking behaviors are noted. The treatment plan recommends continuing the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 78-80, 124.

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 MS contin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. 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 side effects or aberrant use. It is acknowledged, that there is no documentation of an opiate agreement or recent urine drug screens. Therefore, a one-month prescription, as requested here, should allow the requesting physician time to document those things. In light of the above, the currently requested MS contin is medically necessary.