

Case Number:	CM15-0080806		
Date Assigned:	05/01/2015	Date of Injury:	11/22/1995
Decision Date:	06/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

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 69-year-old male, who sustained an industrial injury on 11/22/95. The injured worker has complaints of neck pain. The diagnoses have included failed neck surgery syndrome; cervicogenic headache; osteoarthritis and fibromyalgia; daily headaches non-industrial; myofascial spasm and medical comorbidities. Treatment to date has included injections; MS Contin; dilaudid and butalbital. The request was for MS Contin 30mg #60 and butalbital 50/325/40mg #80 with 3 refills.

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 Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain. When seen, there had been improvement after a cervical injection. Medications were without side effects. Urine drug screening had been consistent with the prescribed medications. MS Contin and Dilaudid are being prescribed at a total MED (morphine equivalent dose) of less than 100 mg per day. In December 2014 there was pain relief when taking only MS Contin at a total MED of 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release formulation and would be used to treat baseline pain, which is present in this case. The requested dosing is within guideline recommendations and prior dosing at an equivalent MED was producing pain relief. There are no identified issues of abuse or addiction. Therefore, the continued prescribing of MS Contin was medically necessary.

Butalbital 50/325/40mg #80 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, (2) Barbiturate-containing analgesic agents (BCAs) Page(s): 6, 23.

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain. When seen, there had been improvement after a cervical injection. Medications were without side effects. Urine drug screening had been consistent with the prescribed medications. MS Contin and Dilaudid are being prescribed at a total MED (morphine equivalent dose) of less than 100 mg per day. In December 2014 there was pain relief when taking only MS Contin at a total MED of 90 mg per day. Barbiturate-containing analgesic agents are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing was not medically necessary.