MAXIMUS Federal Services

Case Number:	CM15-0081129		
Date Assigned:	05/01/2015	Date of Injury:	03/09/2004
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: Ohio, North Carolina, Virginia
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 58 year old male, who sustained an industrial injury on 3/9/04. The injured worker has complaints of neck pain. The diagnoses have included myalgia and myositis, unspecified; facet joint osteoarthritis; failed back surgery syndrome cervical, chronic and muscle spasms. Treatment to date has included anterior cervical decompression and fusion at C4-5-6 in 2006 as well as bilateral carpal tunnel release surgeries; MS Contin; Norco; Promethazine, and Zanaflex; magnetic resonance imaging (MRI) of the neck and X-ray of the neck. The request was for MS Contin 15mg one every 12 hours #60 and MS Contin 30mg 1 twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg 1 q12 hrs #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue with opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functional status, medication side effects, and monitoring for aberrant drug taking behavior. Opioids may generally be continued when there is improved functioning and pain and/or the injured worker has regained employment. In this instance, the submitted medical record does contain evidence generally of improved pain with MS Contin with pain scores of 3/10 with medication and 10/10 without. Functionally, specific examples of improvement with the opioids are given. Urine drug screening is occuring and has been consistent with prescribed medication until recently when the result showed oxycodone but no morphine. Her pain levels did increase over the last month. At this time, the injured worker's pain medications were said to have been denied. An opioid risk score was scored at zero. MS Contin 15 mg 1 q 12 hrs #60 is medically appropriate and necessary. This opinion lies in contrast to that of utilization review. The recently inconsistent urine drug screen and increased pain scores are likely explained by the recent denial of medication and not aberrant drug taking behavior. The request is not medically necessary.

MS Contin 30mg 1 bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functional status, medication side effects, and monitoring for aberrant drug taking behavior. Opioids may generally be continued when there is improved functioning and pain and/or the injured worker has regained employment. In this instance, the submitted medical record does contain evidence generally of improved pain with MS Contin with pain scores of 3/10 with medication and 10/10 without. Functionally, specific examples of improvement with the opioids are given. Urine drug screening is occuring and has been consistent with prescribed medication until recently when the result showed oxycodone but no morphine. Her pain levels did increase over the last month. At this time, the injured worker's pain medications were said to have been denied. An opioid risk score was scored at zero. MS Contin 30 mg 1 bid #60 is medically appropriate and necessary. This opinion lies in contrast to that of utilization review. The recently inconsistent urine drug screen and increased pain scores are likely explained by the recent denial of medication and not aberrant drug taking behavior. The request is not medically necessary.