

Case Number:	CM15-0088187		
Date Assigned:	05/12/2015	Date of Injury:	05/07/2003
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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, North Carolina
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 51 year old male, who sustained an industrial injury on May 7, 2003. The injured worker was diagnosed as having lumbosacral neuritis, spondylosis, internal derangement of the knee, chronic pain and osteoarthritis of multiple sites. Treatment and diagnostic studies to date have included knee brace, lab work and medication. A progress note dated April 16, 2015 provides the injured worker complains of back, right shoulder and knee pain. Physical exam notes mild distress and lumbar tenderness with limited range of motion (ROM). The plan includes lab work and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

Decision rationale: The CA MTUS has suggested that opioids are recommended for neuropathic pain that has not responded to first-line recommendations (antidepressants and antiepilepsy drugs). They appear to be efficacious for short-term pain relief. Ongoing management of the use of opioids should include the documentation of decreased pain and improving function. In this case, there is no documentation of decrease pain and increased function, therefore the MS Contin should be weaned and discontinued. This request is deemed not medically necessary.