MAXIMUS Federal Services

Case Number:	CM15-0089882		
Date Assigned:	05/14/2015	Date of Injury:	09/14/1993
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 09/14/1993. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar/lumbosacral degenerative intervertebral disc, lumbar intervertebral disc displacement without myelopathy, brachial neuritis or radiculitis not otherwise specified, depressive disorder not elsewhere classified, and insomnia unspecified. Treatment and diagnostic studies to date has included x-rays, magnetic resonance imaging, injection, and medication regimen. In a progress note dated 03/23/2015 the treating physician reports complaints of constant, dull to sharp, shooting, stabbing, throbbing, aching neck pain that radiates to the bilateral shoulders. The injured worker has associated symptoms of non-restful sleep, numbness and tingling, migraines/headaches, and constipation secondary to current medication. The examination revealed tenderness to the posterior cervical spinatous region, tenderness to the iliospinous muscles, and mild muscle wasting to the left lower extremity. The pain level is rated a 2 out of 10 on a scale of 0 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of his current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The injured worker's current medication regimen includes Benadryl, Magnesium Citrate, Cortef, Provigil, Liothyronine, Doxepin, Lunesta, Lyrica, MS Contin, and

Compounded Hydrocodone. The treating physician requested MS Contin 30mg with a quantity of 120 to treat the effects from the injured worker's industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 30 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: MS (morphine sulfate) Contin 30 mg Qty 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term MS Contin (dating to 2011) without significant evidence of functional improvement therefore the request for continued MS Contin is not medically necessary.