

Case Number:	CM15-0234820		
Date Assigned:	12/10/2015	Date of Injury:	04/23/2003
Decision Date:	01/21/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/02/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male who sustained an industrial injury on 04-23-2003. Medical records indicated the worker was treated for right proximal arm amputation and chronic neck and left upper extremity pains in the shoulder, elbow, and wrist. In the provider notes of 11-10-2015, the worker reports his pain levels as high as 7 on a scale of 0-10 reduced to 4 on a scale of 0-10 with use of MS Contin. He reports being functional and experiencing less pain with the MS Contin twice a day as opposed to only once daily. A request for authorization was submitted for MS Contin 30mg #60. A utilization review decision 11-19-2015 modified the request to approve MS Contin 30 mg #30 and non-approved MS Contin 30 mg #30.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 04-23-2003. The medical records provided indicate the diagnosis of right proximal arm amputation and chronic neck and left upper extremity pains in the shoulder, elbow, and wrist; Depression. Treatments have included MS Contin; Cymbalta, Lamictal, psychological counseling. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records reveal the use of this medication is associated with significant pain and functional improvement, the injured worker is well monitored. The medical records provided for review reveals that MS Contin 30mg #60 is medically necessary and appropriate.