

Case Number:	CM14-0110551		
Date Assigned:	08/01/2014	Date of Injury:	06/26/2009
Decision Date:	09/26/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30 year old male injured on 06/26/09 due to an undisclosed mechanism of injury. Diagnoses included neck pain radiating to right upper arm, chronic thoracic pain, chronic low back pain status post spine surgery times two, right wrist pain status post right dorsal ganglion removal. Clinical note dated 07/01/14 indicated the injured worker presented complaining of ongoing low back pain requesting refills of medications. The injured worker reported with medication pain was 7/10 and without 10/10. Injured worker reported without medications, he would lie on bed and was unable to move. With medication including MS Contin and Percocet he was able to get around the home and carry out short activities of daily living including self-hygiene and getting to and from the restroom and sitting outside. On occasion, the injured worker reported ability to walk. Medications included MS Contin 30mg three times a day, Percocet 10/325mg three times a day, Zanaflex 4mg two to four times a day, Zantac 150mg twice a day, Colace 200mg twice a day, and Lexapro 10mg two a day. Objective findings included tenderness throughout the thoracic and lumbar paraspinal muscles, decreased range of motion in all planes at the waist. Prescriptions for medications provided and urine drug screen obtained. Prior urine drug screen consistent for prescribed medications the initial prospective request for one prescription of MS Contin 30mg #90 was non-certified on 07/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of MS Contin 30 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. The clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics. Therefore prospective request for one (1) prescription of MS Contin 30 mg #90 is recommended as medically necessary at this time.