

Case Number:	CM14-0125679		
Date Assigned:	08/11/2014	Date of Injury:	05/05/2008
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, 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:

This 60 year-old male truck driver sustained an injury on 5/5/08 from a slip and fall off a scale while employed by [REDACTED]. Request(s) under consideration include MS Contin 15MG #45. Diagnoses include bilateral rotator cuff syndrome and back pain s/p three level fusion in August 2012. Report of 7/21/14 from the provider noted the patient with ongoing chronic back pain, stiffness radiating into both legs with associated numbness; shoulder and chronic knee pain rated at 5/10. Medications list MS Contin, Norco, Cymbalta, Neurontin, Omeprazole, and Zanaflex. Exam showed increased laxity of left knee with valgus motion; tenderness over lateral aspect; antalgic gait with painful patella motion; mild weakness of right hip with intact DTRs and sensation. Weight loss was recommended along with treatment plan for medications. The request(s) for MS Contin 15MG #90 was modified for #45 on 7/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Non-Steroidal Anti Inflammatory drugs.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The MS Contin 15MG #45 is not medically necessary and appropriate.