

Case Number:	CM14-0140368		
Date Assigned:	09/10/2014	Date of Injury:	09/14/1993
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational 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 patient is a 57 year-old male with date of injury 10/24/1994. The medical document associated with the request for authorization, a primary treating physician's progress report dated 07/31/2014, lists subjective complaints as neck pain with radiation to the shoulders. Patient has been experiencing the pain for more than ten years. Objective findings: Cervical rotation was 30 degrees bilaterally with pain. Tenderness to palpation was noted. Diagnosis: 1. Degenerative lumbosacral disc; 2. Brachial neuritis or radiculitis; 3. Depression; 4. Insomnia; 5. Displacement lumbar intervertebral disc without myelopathy; 6. Opioid dependence. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three years. Medications: 1. MS Contin 300mg, #120 SIG: two tablets twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 3 years. Therefore, the request is not medically necessary.