

Case Number:	CM14-0147179		
Date Assigned:	09/15/2014	Date of Injury:	05/04/2004
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male, who reported an injury on 05/04/2004. The mechanism of injury was a vehicle accident. The injured worker had diagnoses including cervical facet syndrome, cervical spine pain, cervical spondylosis, and cervical disc disorder. Past medical treatment included medications and physical therapy. Diagnostic testing included a CT scan of the lumbar spine on 12/17/2013, an MRI of cervical spine, and x-rays of the cervical spine with flexion and extension on 02/10/2014. The injured worker underwent a 9 level cervical fusion on 05/16/2014. The injured worker complained of neck pain on 05/07/2014. The injured worker stated his pain level increased since the prior visit. He reported that when he moved his head side to side he had a new pain in the center of the back of his head. The injured worker's cervical spine range of motion was restricted. The paravertebral muscles on exam showed spasm and tenderness, and tight muscle band was noted on both sides. Medications included Exalgo ER 16 mg, citalopram 20 mg, MS Contin 15 mg, and Dilaudid 4 mg. The treatment plan was for MS Contin CR 30 mg, one 3 times per day, #90. The rationale for the request was not submitted. The Request for Authorization was submitted on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin CR 30mg take one 3 x a day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, and Opioids and Opioids, dosing, Page(s): 78 86..

Decision rationale: The injured worker complained of neck pain. The injured worker reported pain had increased since last visit. The California MTUS Guidelines state that criteria for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. The documentation submitted for review indicates that MS Contin is helping the patient. However, there was not adequate quantified information regarding pain relief. There is a lack of documentation indicating urine drug screens are consistent with the injured worker's prescribed medication regimen and there was no mention of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker is prescribed Dilaudid 4mg twice daily and MS Contin 15mg 3 times per day, and the request is for MS Contin 30mg 3 times per day, which equals 167mg daily morphine equivalents. Given the above, the request for ongoing use of MS Contin CR 30mg take one 3 x a day #90 is not supported. Therefore the request is not medically necessary.