

Case Number:	CM14-0149232		
Date Assigned:	09/18/2014	Date of Injury:	02/28/1996
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old female with an injury date of 02/28/96. Based on the 08/20/14 progress report provided by [REDACTED], the patient complains of back and neck pain rated 6-7/10. Previous diagnoses include lumbosacral paravertebral disk degeneration, cervical and left upper extremity radiculopathy. Patient reports 50% overall improvement since beginning treatment. Physical examination dated 02/11/14 by [REDACTED] reveals tenderness to palpation and spasm to both the cervical and lumbar spine. Decreased range of motion is noted on all planes. Positive straight leg raise bilaterally. Patient's work status has not been mentioned in review of reports. 4A's per 08/20/14 progress report with regards to MS Contin- Analgesia: provides steady >50% relief, lasting the full 8hr with onset 30-60 min, depending on activity. Activities of Daily Living: maintained and improved function. She can drive; do light grocery shopping, dishes, home exercise program, etc. Adverse effects: opiate induced constipation controlled with lactulose and Amitiza. Pain medication induced dyspepsia/nausea controlled with Omeprazole. Aberrant behavior: none noted. Patient has pill organizer and takes medication as directed. Last urine drug screen on 01/16/14 was positively appropriate. Diagnosis as of 8/20/14 include, vertigo, iatrogenic thyroiditis, chronic pain syndrome, post laminectomy lumbar, status post laminectomy syndrome with subsequent osteomyelitis- cervical radiculopathy, secondary to multilevel cervical degenerative disc disease, sprain of other specified sites of shoulder and upper arm, right shoulder with separation, sprain of other unspecified site of knee and leg, bilateral knee sprain/strain, bilateral knee pain status post arthroscopy, sprain/strain cervical and sprain/strain lumbar. [REDACTED] is requesting 1 prescription of MS Contin 60 mg #90. The utilization review determination being challenged is dated 08/22/14. The rationale is

"it does not appear appropriate and not medically warranted at this time." [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/14 - 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 60mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: The patient presents with back and neck pain rated 6-7/10. The request is for 1 prescription of MS Contin 60 mg #90. Patient is status post lumbar laminectomy and arthroscopy, dates unspecified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports indicate that treaters have provided pain assessments with numerical scales at each visit. Per progress report dated 08/20/14, MS Contin addresses the 4A's as follows:- Analgesia: provides steady>50% relief, lasting the full 8hr with onset 30-60 min, depending on activity- Activities of Daily Living: maintained and improved function. She can drive, do light grocery shopping, dishes, home exercise program, etc...- Adverse effects: opiate induced constipation controlled with lactulose and amitiza. Pain medication induced dyspepsia/nausea controlled with omeprazole- Aberrant behavior: none noted. Patient has pill organizer and takes medication as directed. Last urine drug screen on 01/16/14 was positively appropriate.