

Case Number:	CM14-0161764		
Date Assigned:	10/07/2014	Date of Injury:	07/31/2001
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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:

This patient is a 51 y/o female who has developed chronic cervical pain subsequent to an injury dated 7/31/01. She has been diagnosed with a cervical facet syndrome and radiating pain due to thoracic outlet syndrome. She has been treated with facet rhizotomies with a reported 70-100% relief of cervical pain. No medication changes follow the procedures. Soon after the rhizotomies an increased in radiating pain is reported. She has been treated with long term Opioid Medications. In May '14 she was prescribed Opana ER 20mg. BID and Hydrocodone 10/325 2-3 per day. Her VAS scores were reported to be between 3-5/10. Subsequently the prescribed Opioids have been increased to Opana EF 30mg. BID and Oxycodone 10/325 2-3 per day. The reported VAS scores have consistently been reported to be 5/10 for the past few months. Functional measurements are not reported per Guideline standards.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Functional Improvement Measures Page(s): 77,78,48.

Decision rationale: MTUS Guidelines support the judicious use of Opioids if there is pain relief and functional benefits. MTUS Guidelines also documented what are reasonable measures of function. MTUS Guidelines recommend discontinued use if partial analgesia is not obtained and there are no objective changes in function. The diagnosis(s) have remained the same without aggravating factors and the VAS scores are reported to have increased or at best remained the same despite a significant increase in Opioid dosing. No measured functional improvements are noted subsequent to Opioid use and/or increased Opioid dosing. The MS Contin is not medically necessary.