

Case Number:	CM14-0166828		
Date Assigned:	10/14/2014	Date of Injury:	05/21/1999
Decision Date:	11/14/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 Emergency 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:

Patient with reported date of injury on 5/21/1999. No mechanism of injury was provided for review. Patient has a diagnosis of cervical spine stenosis with bilateral upper extremity radiculopathy, cervicogenic headaches, lumbar myofasciitis, R shoulder internal derangement post acromioplasty and coracoacromial ligament resection(1/2000), depression/anxiety, gastritis and obesity. Medical reports reviewed last report available until 9/10/14. Patient complains of neck pains and headaches. Pain radiates to bilateral upper extremities R side worse than L side. Pain limits activities of daily living. Pain management is complicated by chronic lung disease and being O2 dependent. There are significant dental complications such as dental carries and gingivitis which are believed by the treating dentist to be due to chronic opioid use. Also, noted nausea and dizziness from opioid use. MS Contin and Norco are reportedly "beneficial" despite notes mentioning severe limitations with daily and social functions. Documentation states, that attempts to wean off medications has failed due to worsening pain and function when attempts are done. Objective exam reveals anxious patient in a wheelchair. Able to walk with a walker. Cervical neck pain with rigidity, numerous trigger points and significant decreased range of motion (ROM). R shoulder with noted scar and significant decreased ROM. Lumbar spine has noted pain and decreased ROM. Strength at legs are 4/5. X rays of spine reportedly showed disc space narrowing and marginal spur at C5-6. EMG of upper extremities (12/14/2000) revealed R median nerve distal sensory neuropathy. MRI of cervical spine (7/17/2000) revealed spondylosis with posterior osteophytes and disc bulging to 2mm at C4-5, C5-6 and C6-7. R shoulder MRI (9/29/1999) revealed rotator cuff tear. Has had prior epidural injections in the past. Medications include Wellbutrin, Norco, MS Contin, Immitrex, Xanax, Fexmid, Prednisone, Theophylline, Advair, O2, Atenolol and Prilosec.

Independent Medical Review is for MS Contin 30mg #90. Prior UR on 9/26/14 recommended conditional approval to allow for weaning off medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg 1-3 tablets daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids, for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Patient has chronic pains and takes a large number of opioids. A calculation of prescription shows patient takes up over 130 Morphine Equivalent Dose (MED) in MS Contin and Norco. MS Contin is Morphine, an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is no provided objective documentation of improvement in pain or activities of daily living while there some subjective claims of improvement. There are noted significant side effects with current opioid therapy with noted dental problems and GI issues. Combination of all of opioids that patient is on exceeds the recommended safe level of 120mg Morphine Equivalent Dose level. Patient is taking high dose of opioids without documentation of appropriate plan except for request for intrathecal morphine pump that is not currently certified. There is also significant side effects and no documentation of objective improvement in pain or function. Several prior URs recommends weaning off opioids which is appropriate. Prescription of MS Contin is not medically necessary.