

Case Number:	CM14-0091939		
Date Assigned:	07/25/2014	Date of Injury:	03/03/2010
Decision Date:	09/15/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49 year old female who had a work related injury on 03/03/10. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 03/27/14, the injured worker complained of low back pain radiating down bilateral lower extremities with sharp, shooting pain. Low back pain was heavy pressure feeling. The injured worker reported she obtained 50-60% improvement in her sharp, shooting, sciatic symptoms for about 10 days status post lumbar epidural steroid injection. The injured worker stated that her pain was much more intermittent instead of constant pain symptoms during this time and significantly improved. The injured worker stated her low back pain continued bilaterally. The injured worker stated her pain was now returned in her bilateral lower extremities. The injured worker denied any change in location, quality, intensity, or character pain. The injured worker also denied any new neurological deficit. She stated that the medication regimen provided her with relief. The injured worker continued to wait for authorization for the cervical spine. The injured worker continued to experience bilateral hand and finger numbness which was constant and very bothersome. Physical examination cervical spine, alignment or excusing scratch that head was tilted forward. Soft tissue palpation on the right no tenderness of the paracervicals, scalene muscles, sternocleidomastoid, supraclavicular fossa, trapezius, levator scapula with rhomboid and no trigger points pain. Soft tissue palpation on the left, no tenderness of the paracervicals, scalene muscles, sternocleidomastoid, supraclavicular fossa, trapezius, levator scapula, or rhomboid. Motor strength in upper extremities intrinsic flexion/extension and rotation and lateral flexion 4/5. Sensation in the right arm normal median nerve root distribution ulnar nerve root distribution. Sensation decreased in radial forearm, thumb, and index finger, middle finger, and fourth and fifth digits, ulnar hand, and distal forearm. Spurling test was positive on the left. Right ankle and knee reflexes were

diminished. Supine straight leg raise testing was positive. Seated straight leg raise testing was positive on the left. Normal gait, no limp, and ambulating with no assistive devices. Lumbar spine tenderness of the transverse process on the right and left at L5. Knee extension (quadriceps) 3/5. Diagnoses cervicalgia. Sciatica. Prior utilization review on 05/29/14 MS Contin was modified. In review of clinical documentation submitted for review, there was no visual analog scale scores with and without medication, and no clinical documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin Page(s): 56.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization review on 05/29/14 MS Contin was modified. As such, medical necessity has not been established. Therefore, the request is not medically necessary.