

Case Number:	CM14-0097573		
Date Assigned:	07/25/2014	Date of Injury:	04/28/1992
Decision Date:	09/24/2014	UR Denial Date:	05/12/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 58-year-old male who was reportedly injured on April 28, 1992. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 2, 2014, indicated that there were ongoing complaints of neck pain and low back pain. The physical examination demonstrated a markedly decreased cervical and lumbar spine range of motion, and muscle spasms throughout the spine, and strength was described as 4/5. Diagnostic imaging studies were not reported. Previous treatment included injection therapy, multiple medications, cervical fusion surgery and radiofrequency ablation. A request was made for narcotic medications and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 100mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate Page(s): 79-81. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain Chapter, Kadian.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 74, 75, 78, 93 of 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, there is support for long acting opioids in the management of a chronic pain situation. However, management of opioid medications should include the narrative relative to the pain control and improved functionality. The physical examination notes ongoing muscle spasm throughout the cervical lumbar spine, decreased range of motion and absolutely no narrative explaining any improvement in the pain situation. The only improvement noted was secondary to the radiofrequency ablation completed. Therefore, based on these incomplete clinical records presented for review, the medical necessity for this medication has not been established.

Opana ER 10mg #120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone(Opana ER) Page(s): 79-81. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain Chapter, See Opioids for general guidelines and Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 74, 78, 93 of 127.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker suffers from chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. The progress notes do not address the "4 A's", the presence or lack thereof of an opioid contract, and the other parameters noted in the MTUS in terms of chronic opioid analgesic medication dispensing. In the absence of subjective or objective clinical data, this request is not considered medically necessary.