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| Case Number: | CM14-0193490 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 05/01/2003 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old male with a work injury dated 5/1/03. The diagnoses is cervical radiculopathy, cervical disc protrusion, cervical stenosis, cervical sprain/strain. Under consideration is a request for remaining MSIR 15 mg 1 tablet po qid prn pain. The patient has had an anterior cervical discectomy, Fusion C4-7; corpectomy C6 2009; Cervical posterior fusion, laminectomy with graft C5-C7-2011; C7-T1 Discectomy and Fusion 2/12/13; There is a progress note dated 10/28/14 that states that the patient continues to complain of bilateral neck pain radiating to the bilateral shoulder. His pain level is 6/10. He reports 50% pain relief with MSIR and 50% improvement in ADL. Physical examination of the cervical spine reveals tender to palpation; ROM restricted by pain; provocative maneuvers tests positive; sensation reduced in the right C5 dermatome, left C7 and bilateral C6 dermatome. The patient is permanently disabled. There is a 9/23/14 document that states that the patient continues to have residual neck pain. The documenting physician would like to request authorization for consultation with another physician for his right shoulder pain which appears to be slowing down his overall recovery. A 7/30/14 document from the spine surgeon state that the patient's work status remains temporary total disabled. He may return sooner if medically necessary. A 7/8/14 document states that all actives and movement exacerbate his pain. There are no mitigating factors. The patient was taking Oxycodone 10mg po q6 hours prn pain. His Oxycodone was discontinued and he was given MSIR 15mg po 1 tablet QID prn pain #120 with 0 refills. The patient has failed Nucynta, Norco, Oxycodone. His work status is permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining MSIR 15 mg 1 tablet po qid prn pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral morphine Page(s): 96.

Decision rationale: Remaining MSIR 15 mg 1 tablet po qid prn pain is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that oral morphine is not recommended as a primary treatment for persistent pain. The use of opioid analgesics for chronic non-cancer pain is controversial. One randomized controlled trial found that oral morphine may confer analgesic benefit with a low risk of addiction but is unlikely to yield psychological or functional improvement. The documentation indicates that the patient has been on long term opioids. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not provide convincing evidence of objective functional improvement. The patient has failed various opioid medications per the documentation submitted. The request as written is not specific on a quantity. Despite being on MSIR the patient is being referred to another physician as the documenting physician feels his pain is slowing his overall recovery. For all of these reasons the request for remaining MSIR 15 mg 1 tablet po qid prn pain is not medically necessary.