

Case Number:	CM14-0212024		
Date Assigned:	01/02/2015	Date of Injury:	06/22/2011
Decision Date:	03/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 51 year-old male with date of injury 06/22/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/04/2014, lists subjective complaints as pain in the neck and left shoulder. Objective findings: Examination of the cervical spine revealed decreased sensation in the left C7 dermatome. Upper extremity examination demonstrated motor strength of 5/5 in all muscle groups. Left upper extremity reflexes were +1 and symmetrical. Diagnosis: 1. Chronic right knee pain, status post meniscectomy, chondroplasty. 2. Left knee pain. 3. Neck pain with radiating symptoms to the left arm. 4. Chronic left shoulder pain. 5. Status post left cubital tunnel release. 6. Right inguinal hernia. Original reviewer modified medication request to MS Contin 60 mg #23 for the purposes of weaning, and Colace 100mg #90 with no refills. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. MS Contin 60mg, #90 SIG: p.o. 3 a day 2. Colace 100mg, #90 SIG: 3 a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of MS Contin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. One prescription of MS Contin 60mg #90 is not medically necessary.

Colace 100mg #90 with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient has been weaned off of narcotics and prophylaxis is no longer necessary. One prescription of Colace 100mg #90 with 3 refills is not medically necessary.