

Case Number:	CM14-0215622		
Date Assigned:	01/05/2015	Date of Injury:	07/01/2001
Decision Date:	02/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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: Physical Medicine & Rehabn

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 57 year old female with the injury date of 07/01/01. Per physicians report 11/10/14, the patient has low back pain and cramping in her legs bilaterally. Her symptoms are aggravated by working and relieved by opioid analgesics. The patient is currently taking Xanax, Lasix, Norco, Requip, MS Contin and Neurontin. The lists of diagnoses are: 1.) Reflex sympathetic dystrophy of lower limb. 2.) Spasm of muscle. 3.) Pain in joint involving lower leg. 4.) Neuromuscular disease. 5.) C-restless legs syndrome. 6.) Lower extremity myoclonus.7.) Edema extremities. 8.) Inflammation of joint of knee. Per 09/15/14 progress report, the patient has lower back pain and cramping in her legs. The patient is taking Neurontin, Norco and Requip. Per 08/18/14 progress report, the patient has left shoulder pain. The patient has left T2 and T3 sympathetic ganglion block on 05/02/14 which decreased 50% left upper extremity symptoms. Medications provide functional gains by substantially assisting her ADLs, mobility and restorative sleep, contributing to her quality of life. The patient is not working. The patient is taking hydrocondone-acetaminophen, Lidoderm patch and Zolpidem. The lists of diagnoses are: 1.) Complex regional pain syndrome, type II, upper limb. 2.) Enthesopathy of elbow region. 3.) Shoulder joint pain. Per 07/21/14 progress report, her right shoulder forward flexion is 170 degrees and left shoulder forward flexion is 160 degrees. There is hypersensitivity to light touch over lateral right elbow. Per 06/02/14 progress report, the patient has been on MS Contin since 05/05/14. Urine drug screening on 06/09/14, 06/23/14 and 09/15/14 are provided. The utilization review determination being challenged is dated on 12/15/14. Treatment reports were provided from 06/09/14 to 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her shoulder, lower back and upper/ lower extremities. The request is for MS CONTIN 15mg 1TAB TID #90. The patient is currently taking Xanax, Lasix, Norco, Requip, MS Contin and Neurontin. Per 06/02/14 progress report, the patient has been utilizing MS Contin since 05/05/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports shows that the treater has addressed urine toxicology. None of the reports show any discussion specific to this medication other than the treater's request. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for MS Contin #90 is not medically necessary.