

Case Number:	CM15-0118334		
Date Assigned:	06/26/2015	Date of Injury:	04/05/2012
Decision Date:	07/27/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/18/2015

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 & Rehabilitation

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 male, who sustained an industrial injury on 4/5/2012. He reported falling from a ladder. Diagnoses have included cervical pain, knee pain, low back pain, right elbow pain, spinal/lumbar degenerative disc disease, cervical disc disorder and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, lumbar epidural steroid injection and medication. According to the progress report dated 5/8/2015, the injured worker complained of low back pain. He rated his pain as 5/10 with medications and 7/10 without medications. He reported decrease in energy and loss of interest in activities he used to enjoy. Current medication included Norco, MS Contin, Omeprazole, Celebrex and Lyrica. The injured worker appeared depressed and fatigued. Range of motion of the cervical spine was limited due to pain. Tenderness was noted at the paracervical muscles and trapezius. Range of motion of the lumbar spine was restricted due to pain. Lumbar facet loading was positive on both sides. Authorization was requested for MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The 1 prescription of MS Contin 15mg #60 is not medically necessary and appropriate.