

Case Number:	CM15-0120529		
Date Assigned:	07/01/2015	Date of Injury:	03/09/2004
Decision Date:	07/30/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on 03/09/2004. Mechanism of injury was not documented. Diagnoses include cervical failed back syndrome, chronic pain, facet joint arthritis, cervical degenerative disc disease, myalgia and myositis, and muscles spasms. Treatment to date has included diagnostic studies, status post anterior cervical disc fusion at C4, C5, and C6 in 2006, and bilateral carpal tunnel release surgeries, use of ice, heat, massage and rest. Her medications include Prilosec, MS Contin 15 mg, MS Contin 30mg, Norco 10/325mg, Tizanidine, Omega-3 fatty acids, Tums, Amlodipine, and promethazine. A physician progress note dated 05/27/2015 documents the injured worker has worsening neck pain and the pain radiates to her arms. Her pain is daily and her pain is in the bilateral head, bilateral anterior neck, bilateral lateral neck, posteriori neck bilateral shoulders and bilateral upper back and arms. Her pain without medications is 10 on a scale of 0 to 10, and with medications her pain is rated at 3 out of 10. With her medications she is able to do simple chores around the house and without her medications she stays in bed at least half of the day. Cervical spine range of motion is restricted and painful in all planes. There is crepitus present and there is maximum tenderness present. There is pain with facet loading maneuvers. Treatment requested is for MS Contin 15 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 15 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in March 2004 and underwent an anterior cervical decompression and fusion in 2006 and bilateral carpal tunnel releases. Medications are referenced as decreasing pain from 10/10 to 3/10. When seen, there was decreased and painful cervical spine range of motion with tenderness and positive facet loading. Medications included MS Contin and Norco being prescribed at a total MED (morphine equivalent dose) of 110 mg per day. Her Opioid Risk Score was 0. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.