

Case Number:	CM15-0125827		
Date Assigned:	07/10/2015	Date of Injury:	12/20/2007
Decision Date:	09/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, Michigan

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:

The injured worker is a 61 year old male who sustained an industrial injury on 12/20/2007 resulting in pain to the neck after a large heavy toolbox lid fell on his head. Treatment provided to date has included: physical therapy (20) which was reported as not helpful; acupuncture (10) reported as not helpful; cervical fusion surgeries (2008 & 2010); epidural injections which provided minimal short-term relief; pain medications which were reported to provide very little relief; and conservative therapies/care. Diagnostic tests performed include: x-rays of the cervical spine (2015) showing adjacent segment disease at C5-6, multilevel degenerative disc changes with spurring at C5-6, likely solid fusion at C3-4, and solid fusion at C6-7; and MRI of the cervical spine (2012) showing discectomy changes at the C3-4 and C6-7 fusion sites as well as at C5-6, multilevel degenerative cervical spondylosis and mild to moderate central canal stenosis at C3-C6 without change, and severe right-sided and moderate to severe left-sided neural foraminal stenosis at C3-C6 and identified high cholesterol, diabetes, and high blood pressure. There were no other dates of injury noted. On 05/14/2015, physician progress report noted new complaints of snapping and popping in the neck over the previous week and continued pain. The injured worker reported that his neck pain radiated to the bilateral shoulders with aching pain in both wrist and hands with the left arm worse than the right. The arm pain was rated 8/10 in severity at the time of exam, and neck pain was described as stabbing. Additional complaints included acid reflux, constant stomach pain and nausea (being treated by the VA), and difficulty sleeping. Current medications include MS Contin which the injured worker reports "decreases pain from 9/10 to 5/10 and allows for better sleep". Previous pain ratings from 01/2015 through 05/2015 all

showed a pain rating of 9-10/10 before MS Contin and 5/10 after taking MS Contin. Cures were reported to be consistent with prescribed medications on 04/16/2015; however, this report was not available for review. There was a urine toxicology screening report dated 09/10/2014 which was consistent with prescribed medications. The physical exam revealed tenderness to palpation over the bilateral cervical facet and trapezius muscles, limited range of motion in the cervical spine, decreased sensation in the left C7 dermatome, and decreased grip strength. The provider noted diagnoses of cervical radiculopathy, cervical facet arthropathy, and status post cervical fusions (2008 & 2010). Plan of care includes urine drug screen collected on 05/14/2015, refill of MS Contin, CT scan of the cervical spine, and follow-up. The injured worker's work status remained disabled and retired. The request for authorization and IMR (independent medical review) includes: CT scan of the cervical spine, MS Contin 15mg 4 times daily as needed #120, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT) scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter - Computed Tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Computed Tomography (CT) scan.

Decision rationale: According to the ODG, "CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery". Additionally, Repeat CT scans are not recommended on a routine basis, and should be used when there is a substantial change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation where MRI is contraindicated). Indications include: cervical spine trauma with cervical tenderness and/or paresthesias in hands or feet, impaired sensorium, or unconsciousness; and known cervical spine trauma with severe pain, normal plain films and no neurological deficit, equivocal or positive plain films with no neurological deficit, or equivocal or positive plain films with neurological deficit. In this case, there were no significant changes in symptoms in recent exams; and no evidence or documented suspicion of tumor, infection, fracture, neuro-compression or recurrent disc herniation; and no acute changes. Therefore, the CT scan of the cervical spine is not medically necessary.

MS (morphine sulfate) Contin 15mg, 4 times daily as needed, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Morphine sulfate, Morphine sulfate ER, CR (Avinza; Kadian; MS Contin; Oramorph SR; generic available, except extended release capsules); When to Continue Opioids; Opioids for chronic pain.

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

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both Neuropathic and Nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, there was documentation of severe pain rated 9-10/10 and reduced to 5/10 with MS Contin for the last several months, it would appear that the continued use of MS Contin is appropriate, therefore the request for MS (morphine sulfate) Contin 15mg, 4 times daily as needed, #120 is medically necessary.

Urine drug screen (UDS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement; Opioids, steps to avoid misuse/addiction; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, and Opioids Page(s): 43, 74-96.

Decision rationale: According to the MTUS guidelines, urine drug screenings can be used to assess for misuse of prescribed medications, and the presence of non-prescribed or illegal drugs. In this case, the injured worker's previous urine drug screenings were reported to have been consistent with prescribed therapy. He is being maintained on high doses of opiates and a urine drug screen is appropriate and medically necessary.