

Case Number:	CM15-0178276		
Date Assigned:	09/18/2015	Date of Injury:	02/14/2003
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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 57 year old female, who sustained an industrial injury on February 14, 2003. The injured worker is diagnosed as having extremity pain, right sided sacroiliac pain, shoulder pain, lumbar degenerative disc disease, low back pain, muscle spasm and radiculopathy. Her work status is permanent and stationary and is on Social Security Disability. Currently, the injured worker complains of neck pain described as sharp that radiates down her left arm. She reports tenderness in the left elbow and numbness to her thumb, index and middle fingers. She also reports lower backache. She reports the pain medications reduces her pain from 10 on 10 to 5 on 10 and are working well, which allows her to engage in activities of daily living and increase her activity. She also reports experiencing a poor quality of sleep. Physical examinations dated March 23, 2015- August 10, 2015 revealed a fatigued injured worker that appeared to be in moderate pain. There is decreased cervical spine range of motion. There are spasms, tenderness and tight muscle band noted at the bilateral paravertebral muscles. Tenderness at the paracervical muscles, rhomboids and trapezius is also noted. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. The lumbar spine range of motion is restricted. There is bilateral tenderness of the paravertebral muscles and tenderness over the sacroiliac spine. She is unable to heel and toe walk. She has a positive lumbar facet loading and a negative Babinski's sign. There is tenderness to palpation in the right biceps groove. The left shoulder movements are restricted due to pain. The Hawkins, Neer, Empty Cans and Lift-off tests are positive. There is tenderness in the "acromioclavicular and glenohumeral" joints. The right elbow range of motion is restricted and painful and there is

tenderness to palpation over the "lateral epicondyle." Treatment to date has included left knee and lumbar MRI, lumbar spine CT scan, cortisone injection, urine toxicology screen (consistent April 20, 2015), surgical intervention, physical therapy, home exercise program and left knee brace. Her current medication regimen includes; MS Contin 15 mg one tablet three times a day, MS Contin 30 mg one table three times a day, Neurontin 600 mg one table three times a day, Oxycodone 5 mg one tablet four times a day, Amitiza 24 mcg, Colace, Cymbalta 60 mg daily, Valium 5 mg one tablet twice a day as needed and Tizanidine 4 mg 1-2 at bedtime. The documentation reveals the injured worker has been taking both doses of MS Contin for at least ten months. Therapeutic efficacy from cortisone injections, surgical intervention, physical therapy, home exercise program and knee brace was not included in the documentation. A request for MS Contin 30 mg #90 is denied due to previous peer reviews and modifications to wean the injured worker off the medication has not been initiated or completed, per Utilization Review letter dated August 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg ER Sig QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury in February 2003 and is being treated for low back and left knee pain. Medications are referenced as decreasing pain from 10/10 to 5/10. When seen, medications were working well and without side effects. Physical examination findings included a body mass index over 38. There was decreased and painful cervical range of motion with spasms, tenderness, and muscle tightness. There was positive Spurling's testing. There was decreased lumbar range of motion with positive facet loading. There was left shoulder tenderness with decreased and painful movements and positive impingement testing. There was bilateral lateral epicondyles and left medial knee tenderness. Medications were refilled including MS Contin and oxycodone at a total MED (morphine equivalent dose) of 150 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.