

Case Number:	CM15-0022617		
Date Assigned:	02/12/2015	Date of Injury:	04/27/1998
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 68 year old female who sustained an industrial injury on 04/27/1998. Diagnoses include degeneration of cervical disc, degeneration of lumbar or lumbosacral disc, post-laminectomy syndrome of the lumbar region, spinal stenosis of the cervical region, and brachial neuritis. Treatment to date has included home health care services, and epidural steroid injections. A physician progress note dated 01/08/2015 documents the injured worker has continued low back and posterior leg pain, and the pain is increased with any activity. Her medication relieves the pain about 50-60%, and without it she would require constant rest. Pain is located in her neck, bilateral shoulders, bilateral arms, buttock and bilateral legs. Her pain is aching, sharp, shooting and pressure. She rates her pain as 5-6 out of 10, with this visit. The injured worker has an antalgic gait and uses a cane. She received a caudal epidural injection with this visit. Treatment requested is for MS Contin 15mg ER #30, MS Contin 30mg ER #60, and Percocet 10/325mg #180. On 01/16/2015 Utilization Review modified the request for MS Contin 30mg ER #60 to MS Contin 30mg ER #30 to allow for weaning. Cited in this decision was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. MS Contin 15mg ER #30 was modified to MS Contin 15mg # 15 for weaning purposes and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. The request for Percocet 10/325mg #180 was modified to Percocet 10/325mg # 90 for weaning purposes, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 30mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, opioids.

Decision rationale: The medical records indicate pain that is improved with opioid and that the insured has functional gain in activity as result. However, the medical records do not reflect that the insured is under opioid mitigation plan such as with abuse screening tools or use of uds on period basis. ODG guidelines support opioids may be used for pain conditions when the insured has good pain control from the therapy with functional gain and opioid mitigation is in place. As such the records do not support the use of opioids for the insured.

Ms Contin 15mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, opioids.

Decision rationale: The medical records indicate pain that is improved with opioid and that the insured has functional gain in activity as result. However, the medical records do not reflect that the insured is under opioid mitigation plan such as with abuse screening tools or use of uds on period basis. ODG guidelines support opioids may be used for pain conditions when the insured has good pain control from the therapy with functional gain and opioid mitigation is in place. As such the records do not support the use of opioids for the insured.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, opioids.

Decision rationale: The medical records indicate pain that is improved with opioid and that the insured has functional gain in activity as result. However, the medical records do not reflect that the insured is under opioid mitigation plan such as with abuse screening tools or use of uds on period basis. ODG guidelines support opioids may be used for pain conditions when the insured

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