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| Case Number: | CM15-0026564 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 06/01/2011 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old male, who sustained an industrial injury reported on 6/1/2011. He has reported left shoulder pain, minimally decreased by medication, and difficulty sleeping. The diagnoses were noted to have included pain in the shoulder joint; and low back pain with lumbar spondylolisthesis and retrolisthesis. Treatments to date have included consultations; diagnostic laboratory and imaging studies; left shoulder arthroscopy, subacromial decompression (2/29/12); home exercise program; smoking cessation education; and continued medication management. This injured worker is noted to not be a candidate for injection therapy due to coagulopathy. The work status classification for this injured worker (IW) was noted to be a modified work duty, however the IW is not currently working. On 1/21/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/14/2015, included MS Contin 15mg, 1 tab every morning, #30 - to 1 tab every morning, # 20 for the purpose of reduction and discontinuation. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, when to continue opioids, long-term users of opioids & strategy for maintenance, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: ” (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no clear documentation of patient improvement in level of function and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. The patient has been taking Ms Contin for a longtime without any substantial pain relief or functional benefits. Therefore, the request of MS Contin 15mg #30 is not medically necessary.