

Case Number:	CM15-0037955		
Date Assigned:	03/06/2015	Date of Injury:	06/06/2003
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain, headaches, facial pain, and jaw pain reportedly associated with an industrial injury of January 6, 2013. In a Utilization Review Report dated January 28, 2015, the claims administrator failed to approve a request for MS Contin, while, somewhat incongruously, approving a request for Topamax. The claims administrator referenced progress notes of December 17, 2014 and January 14, 2015 in its determination. The claims administrator stated that the attending provider documentation as to what medication(s) the applicant was taking was likewise incomplete and/or incongruous. In an RFA form dated January 21, 2015, MS Contin, Elavil, Motrin, Topamax, trigger point injections, a neurology consultation, and Tylenol No. 3 were endorsed. In an associated progress note dated January 14, 2015, the attending provider stated that the applicant had ongoing complaints of 6/10 neck pain, jaw pain, occipital neuralgia, and/or ulnar neuropathy. The applicant was given prescription for Tylenol No. 3, Motrin, Elavil, and Topamax, it was suggested. The attending provider imposed work restrictions but did not explicitly state whether the applicant was or was not working on this date. In a progress note dated December 17, 2014, however, the attending provider stated that the applicant was working fulltime and was seemingly deriving appropriate analgesia with ongoing medication consumption. Trigger point injections and a neurology consultation were endorsed. The attending provider renewed the applicant's medications and stated that her work restrictions were working well for her. MS Contin, Elavil, Motrin, and Topamax were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg ER #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines morphine-opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for MS Contin, a long acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to and/or maintain fulltime work status as a result of ongoing medication consumption. The applicant is deriving appropriate analgesia from ongoing MS Contin usage, the treating provider has contended. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.