

Case Number:	CM15-0060699		
Date Assigned:	04/06/2015	Date of Injury:	02/25/2001
Decision Date:	06/30/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 injured worker is a 49 year old female, who sustained an industrial injury on February 25, 2001, incurring leg injuries after a bed frame fell on her left leg. Treatment included physical therapy, chiropractic sessions, psychotherapy, pain medications, topical analgesic patches, assistive devices for mobility and spinal cord stimulator placement and work restrictions. Currently, the injured worker complained of constant pain, 8/10 on a pain scale of 1 to 10, burning and throbbing, of the left foot radiating up into the leg and thigh and into her back. The injured worker had numbness and swelling of the ankle and lower leg. She complained of ongoing depression secondary to her injuries. The treatment plan that was requested for authorization included a prescription for MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin tab 60mg CR #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is taking opioids in a chronic manner for chronic pain but continues to rate her pain as 8/10. There is no documentation of consistent, measurable functional gains or pain relief. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ms Contin tab 60mg CR #56 is not medically necessary.