

Case Number:	CM15-0061425		
Date Assigned:	04/07/2015	Date of Injury:	04/04/2007
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	03/31/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 58-year-old female, who sustained an industrial injury on 04/04/2007. The injured worker is currently diagnosed as having chronic pain syndrome, degeneration of cervical intervertebral disc, and degeneration of lumbar intervertebral disc. Treatment to date has included medications. In a progress note dated 03/24/2015, the injured worker presented with complaints of back and neck pain. The treating physician reported requesting authorization 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 15 mg ER 1 tab 4 times per day for 30 days, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no meaningful clinical improvement or no relief of pain. The prior reviewer modified the prescription of long acting opioids to more closely adhere to the recommended dosing schedule of three times a day dosing versus four times a day dosing. The patient is concomitantly prescribed benzodiazepines and a hypnotic sedative agent (Ambien) which when used together are associated with significant adverse effects including death. The MED upper limit is considered 120 when opioids are used alone. This patient is prescribed a benzodiazepine and a sedative hypnotic, which increases the likelihood of serious adverse events. Therefore, the prior modification of the Morphine Sulfate 15mg qid to tid for a total of 100 tablets is upheld, this request for #120 is not medically necessary and therefore denied. The patient is reportedly working full time but the medical record does not indicate whether the patient requires pain limited work restrictions.