MAXIMUS Federal Services

Case Number:	CM15-0063833		
Date Assigned:	04/09/2015	Date of Injury:	03/08/2007
Decision Date:	05/15/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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: Virginia
Certification(s)/Specialty: Neurology

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 55-year-old female, who sustained an industrial injury on 12/15/06 when she fell at work. She reported right shoulder, lumbar spine, thoracic spine, cervical spine, jaw, teeth, back of head and bilateral leg injuries. The injured worker was diagnosed as having chronic low back pain, deep venous thrombosis and bilateral shoulder injuries post arthroscopic surgery. Treatment to date has included lumbar spine surgery with follow up hardware removal, physical therapy, acupuncture, oral medications including opioids, topical medications, activity restrictions and home exercise program. Currently, the injured worker complains of pain throughout her body including head, neck, bilateral shoulders, sternum, rib cage, low, mid back, left elbow and bilateral lower extremities. The injured worker states physical therapy improves the pain. Physical exam revealed significant edema of lower left extremity, significant pain in posterior aspect of left foot with palpation, decreased range of motion of knees, bilateral shoulder and tenderness and pain throughout the spine from neck to sacrum with limited range of motion of lumbar spine. There is a an FCE medical report dated 11 March, 2015 which clarifies that there may be a functional component to her pain and her scores were reported as higher than average for rating patient somatization. The treatment plan included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin Extended Release 30 mg Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

Decision rationale: Chronic pain medical treatment guidelines indicate 4 domains that have been proposed is most relevant for monitoring ongoing pain for chronic pain patients who take opioids: Pain relief, side effects, physical and psychosocial functioning, and occurrence of any potential aberrant (or non-adherent) drug related behaviors. This domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and any aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provided a framework for documentation of the clinical use and this controlled medications. In the case of the injured worker detailed above, there is no specific documentation of a clinical plan to moniter degree of pain relief or of side effects with the use of MS Contin. There is a report in the medical record that also suggests a high level of somatization with this injured worker raising the potential risk of aberrant drug seeking behaviors. Therefore, according to the guidelines and a review of the evidence, a request for MS Contin extended release 30 mg tabs, # 90 tabs is not medically necessary.