

Case Number:	CM15-0068473		
Date Assigned:	04/16/2015	Date of Injury:	10/28/1997
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/10/2015

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

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 70 year old female who sustained an industrial injury on October 28, 1997. She has reported neck pain and has been diagnosed with chronic neck pain, cervical degenerative disc disease, chronic pain syndrome, and bilateral upper extremity radicular pain. Treatment has included a functional restoration program and medications. Currently the injured worker complained of right sided neck pain that radiates into her right upper extremity with numbness and tingling in the right hand. The treatment request included MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin twice a day, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The 70 year old patient presents with right sided neck pain that radiates into her right upper extremity with numbness and tingling in the right hand. The pain is rated 8-9/10

without medication and decreases to 2/10 with medication. The request is for MS Contin twice a day #60. The provided RFA is dated 03/04/15 and the patient's date of injury is 10/28/97. The diagnoses include chronic neck pain, cervical disc degenerative disease, chronic pain syndrome, and bilateral upper extremity radicular pain. Treatment has included a functional restoration program and medications. Current medications include MS Contin and Percocet. The patient is working fulltime. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 03/20/15 report, treater states, "She takes her Percocet only as-needed for breakthrough pain and she takes MS contin twice daily whereas she used to use 3-4 per day. Her opioid use is less than 50m Eq of morphine a day. She does not present with any aberrant behaviors, underwent a drug screen and she has signed a pain contract..." MS Contin was prescribed to the patient at least since 09/25/14, per provided medical reports. The use of opiates requires detailed documentation regarding pain and function as required by MTUS. In this case, the 4A's are all addressed including adverse reactions, aberrant behavior, analgesia, and ADL's. Treater does not specifically discuss ADL's but reported the 70 year old patient works "8 hours a day at her brother's store moving merchandise etc." and staying active and busy. Given the clear documentation of the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, the request is medically necessary.