

Case Number:	CM15-0098521		
Date Assigned:	05/29/2015	Date of Injury:	10/21/2007
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47-year-old male, who sustained an industrial/work injury on 10/21/07. He reported initial complaints of lumbar, cervical, and thoracic pain. The injured worker was diagnosed as having cervicgia and lumbago. Treatment to date has included medication, diagnostics, and physical therapy. Currently, the injured worker complains of lumbar pain and stiffness with radicular pain in both legs rated 7/10, cervical pain rated 7/10, and thoracic (mid back) pain with stiffness and radicular pain in both arms. Per the primary physician's progress report (PR-2) on 4/13/15, medication has been helpful for his nociceptive, neuropathic, and inflammatory pain. Exam noted antalgic gait, pain over C3 to C4, C4 to C5, and C5 to C6 facet capsules, bilateral, secondary myofascial pain with triggering and ropey fibrotic banding, positive Spurling's maneuver bilateral, positive maximal foraminal compression testing bilateral and no pain with Valsalva. Lumbosacral exam revealed positive FABER maneuver right, pain to palpation over the L3 to L4, L4 to L5, and L5 to S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. Current plan of care included medication renewal for pain management. The requested treatments include MS Contin 60mg CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg CR #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for MS Contin 60mg CR #120 is not medically necessary.