

Case Number:	CM14-0140260		
Date Assigned:	09/10/2014	Date of Injury:	01/22/2004
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 55-year-old female with a 01/22/04 date of injury. 05/16/14 progress report states that the patient rates her pain at 7/10 with medications and at 9/10 without medications. Quality of sleep is fair. Activity level has decreased. Surgery is scheduled for 5/21/14. Current medications: Ibuprofen, Lidoderm, Cymbalta, MS Contin, Zanaflex, medrol, hydrocodone, docusate sodium, atenolol. MRI dated 10/03/11: L4-5: right foraminal exit zone narrowing, markedly degenerated right facet joint, compression of right L4 nerve. Left foraminal protrusion at L3-4 with left foraminal narrowing, and symmetrical disk bulge at L2-3. Patient is status post C4-5 ACDF with placement of intervertebral mechanical device, morselized allograft. C3-6 laminectomy, fusion with placement of posterior instrumentation, morselized allograft and autograft. Records indicate that the patient underwent L5-S1, S1-S2 bilateral TFESI. Objective findings for cervical spine state straightening of the spine with loss of normal cervical lordosis, range of motion restricted with flexion limited to 24 degrees by pain, extension to 7 degrees, right lateral bending 20 degrees and left lateral bending 17 degrees. Bilateral tenderness over the paravertebral muscles. Range of motion of thoracic spine is restricted with pain at flexion/extension. Spasm and tenderness bilaterally. Lumbar spine with restricted range of motion limited by pain bilateral tenderness of paravertebrals. Positive SLR. FABER negative. EHL strength is 4/5 on both sides, ankle dorsiflexors 5-/5, knee extensors 4/5 bilaterally. Decreased sensation to pinprick over both sides. Biceps reflex is 1/4, brachial radial is 2/4, triceps is 2/4, knee jerk is 2/4, ankle jerk is 1/4 on both sides. Diagnoses: Post cervical laminectomy syndrome, cervical radiculopathy, lumbar radiculopathy, cervical pain. Patient is scheduled for a left total knee replacement. Patient is in extreme pain without the medications. She is stable and has improved quality of life, increased capability for ADLs with medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms contin 15mg, take 1 twice daily, count #45 to wean off over the next three months:

Overtured

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 Page(s): 81,79-80.

Decision rationale: The UR determination letter reviewed a request dated 08/11/14, and the rationale is missing from the documentation provided herewith. The latest included note from the physician is dated 05/16/14 and states a prescription for Ms Contin 15 mg #60 with 1 refill. Records indicate the patient takes MS Contin 15 mg twice daily, and hydrocodone 10 mg maximum 3/day. This accounts to 60 mg of morphine equivalents per day, well within the reasonable limits. Considering the 2004 date of injury, history of multilevel cervical fusion and ongoing high levels of chronic pain, management of which is highly dependent on the opioid medication, the prescription to continue MS Contin is reasonable. The records indicate pain relief, functional improvement, increased ability to perform ADLs, and the urine drug screen report dated 03/25/14 shows consistency with the prescribed medications. The request for Ms Contin 15mg, take 1 twice daily, #45 to wean off over the next three months, is recommended for certification.