

Case Number:	CM14-0144715		
Date Assigned:	09/12/2014	Date of Injury:	12/01/2001
Decision Date:	10/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 51 year old woman with a date of injury of 12/1/01. She was seen by her provider for a periodic office visit for neck pain. She reported that her medications improve her pain and that she had increased pain with a decline in function with the taper of MS Contin. Her medication side effects included constipation and her sleep quality was good. Her medications included Norco, Sennokot-s, Flexeril, Naprosyn, MS Contin, Skelaxin, Lisinopril, Nuvigil, Letrozole, Levothyroid and Pepcid. She had undergone a cervical epidural injection in 7/14 with good results. Her physical exam was significant for normal gait without an assistive device. She had restricted cervical range of motion and spasm and tenderness noted with a negative Spurling's maneuver. Her thoracic spine exam was normal. She had decreased light touch sensation on her left lateral forearm. Her diagnoses included cervical pain and spasm of muscle. Due to her reports of increased pain and functional decline, her MS Contin was titrated back up. She was to continue her Skelaxin and Naprosyn which are at issue in this review along with MS Contin. Length of prior prescription was not addressed in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg ER #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 51 year old injured worker has chronic back pain with an injury sustained in 2001. Her medical course has included numerous diagnostic and treatment modalities long-term use of several medications including narcotics, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/14 does document an increase in pain and loss of function with taper of her MS Contin. However, a slow taper is recommended and she has had pain relief from other modalities including epidural injection. The long -term efficacy of opioids for chronic pain is unclear but appears limited. As such, this request is not medically necessary.

Skelaxin 800mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This 51 year old injured worker has chronic back pain with an injury sustained in 2001. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including narcotics, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. The MD visit of 7/14 fails to sufficiently justify long-term use given the risk of side effects and dependence and she has had pain relief from other modalities including epidural injection. As such, this request is not medically necessary.

Naprosyn 500mg #60: 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 Page(s): 66-73.

Decision rationale: This 51 year old injured worker has chronic back pain with an injury sustained in 2001. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including narcotics, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. In chronic pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The MD visit of 7/14 fails to sufficiently justify long-term use given the risk of side effects and she has had pain

relief from other modalities including epidural injection. As such, this request is not medically necessary.