

<b>Case Number:</b>	CM13-0025792		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	02/02/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 physician 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 patient is a 42-year-old injured worker who reported an injury on 01/28/2009. The patient is currently diagnosed with right upper extremity complex regional pain syndrome, status post right arthroscopic shoulder subacromial decompression, reactionary depression and anxiety, cervical myoligamentous injury, medication induced gastritis, right ulnar nerve transposition, and permanent implantation of ANS spinal cord stimulator. The patient was seen by [REDACTED] on 07/17/2013. The patient reported 40% to 50% pain relief with a spinal cord stimulator. Physical examination revealed guarding of the right upper extremity, mild tenderness to palpation of the cervical musculature, mild tenderness in the right shoulder and subacromial bursal region, decreased range of motion of the right shoulder, decreased range of motion of the right wrist, mottling, and bluish discoloration the right upper extremity with increased hair growth, and hypersensitivity along the entire right upper extremity. Treatment recommendations 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 Contin 15mg, quantity 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin 15mg, quantity 150.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-82..

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient had continuously utilized multiple opioid medications. Despite the ongoing use, the patient continues to report 5/10 pain. The patient only reports pain relief with the spinal cord stimulator. There are no significant changes in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Furthermore, the current prescription noted on 07/17/2013 is for MS Contin 15 mg twice daily. The current request for a quantity of 150 greatly exceeds the amount which is necessary for that prescription. The request for MS Contin, 15mg, quantity 150, is not medically necessary and appropriate.