

Case Number:	CM13-0043293		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2009
Decision Date:	03/12/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 52 year old female with date of injury 9/17/09. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral neck, right shoulder and right wrist pain. An anterior cervical discectomy and fusion of C5-C6 was performed in 01/2012. Treatment thus far has included surgery, physical therapy and medications. Objective: paraspinal cervical musculature tenderness, limited range of motion of the cervical spine, right shoulder and right wrist tenderness to palpation, right shoulder positive impingement sign. Diagnoses: cervical spine degenerative disc disease, right shoulder internal derangement, bilateral wrist pain. Treatment plan and request: morphine sulfate and duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Morphine Sulfate 15mg quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-85, 88-89.

Decision rationale: The patient is a 52 year old female with date of injury 9/17/09. The patient has complained of bilateral neck, right shoulder and right wrist pain since the date of surgery and has been on chronic short acting (morphine sulfate) and long acting (duragesic patch) opiate therapy. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract with documentation that opiates are from a single practitioner and that they are being taken as directed and at the lowest possible dose. None of these aspects of prescribing are in evidence. The request for Morphine sulfate is therefore not indicated as medically necessary without this necessary documentation.

Decision for duragesic patch 50mg/hr quantity 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-85, 88-89.

Decision rationale: The patient is a 52 year old female with date of injury 9/17/09. The patient has complained of bilateral neck, right shoulder and right wrist pain since the date of surgery and has been on chronic short acting (morphine sulfate) and long acting (duragesic patch) opiate therapy. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above. Specifically, with regard to Duragesic patch 50 mcg, there is no documentation that the patient requires continuous around the clock opiod administration for an extended period of time. There is also no documentation that the prescription is from a single provider, that a pain contract is in effect and that the medication is being taken as directed and at the lowest possible dose. With this lack of documentation, Duragesic patches are not indicated as medically necessary.