

Case Number:	CM13-0061353		
Date Assigned:	12/30/2013	Date of Injury:	11/09/2011
Decision Date:	04/04/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 53-year-old female who reported an injury on 11/09/2011. The mechanism of injury was not provided for review but affected her right shoulder. The patient was initially responsive to activity modification, but symptoms later returned. At that time, she was diagnosed with a long head biceps tendon tear and received physical therapy, cortisone injections, anti-inflammatories and further activity modification. Despite these interventions, the patient continued to complain of pain and difficulty with lifting; therefore, an MRI of the shoulder was obtained. This MRI did not reveal any evidence of a rotator cuff tear, although there was some inflammation to the top of the rotator cuff and confirmation of a biceps tendon injury. Her symptoms continued to persist and in 01/2013 she was referred for a diagnostic arthroscopy of the right shoulder. This procedure was not done until 05/30/2013 and was followed by a subacromial decompression, bursectomy, and AC joint resection. The patient received at least 18 sessions of postoperative physical therapy and is compliant with a home exercise program. Despite arthroscopic repair, the patient continues to have aching pain in the right shoulder that she rates as a 7/10 to 9/10 without medications and as a 1/10 with medications. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines Opioids Page(s): 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2012 (Pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of opioids to treat moderate to severe chronic pain. Short acting opioids such as Norco, are used for breakthrough pain when immediate relief is necessary. Long acting opioids such as MS Contin, are utilized for around the clock analgesia and to stabilize medication levels. According to the clinical information submitted for review, the patient was utilizing up to 8 tablets of Norco daily to control her pain and maximize function. The PR-2 dated 10/10/2013 stated that, in an attempt to decrease Norco use, a longer acting opioid would be initiated. Guidelines state that before initiating opioid therapy, the patient should set goals, baseline functional assessment should be made, and a baseline pain level should be obtained. The clinical information submitted for review noted that the goal of MS Contin use was to decrease the amount of pain medications, notably Norco tablets, used daily; baseline functional assessments were performed including a depression screen; and baseline pain was obtained as well. The patient has a history of appropriate urine drug screens and another urine drug screen was obtained on 11/07/2013. As the patient's prior opioid use was noted to decrease her pain from levels of 7/10 to 9/10 to a 1/10, and she was utilizing the short acting opioid frequently, it is appropriate to expect a change to a long acting opioid to decrease the amount of medication used. As such, the request for morphine sulfate ER 15 mg #90 is certified.