

Case Number:	CM14-0001723		
Date Assigned:	01/22/2014	Date of Injury:	03/31/2008
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 64-year-old female who reported an injury on 03/31/2008. The mechanism of injury was not stated. Current diagnoses include pain in a joint of the shoulder region, sprain and strain of the neck, sprain/strain of the lumbar region, degeneration of the cervical disc, and psychogenic pain. Evaluation dated 12/20/2013, noted that the claimant reported 6/10 pain with medication. The current medications include capsaicin 0.075% cream, diclofenac sodium 1.5% cream, and morphine sulfate ER 15 mg. Physical examination revealed tenderness to palpation of the left neck, trapezius and shoulder with painful palpation of the left upper extremity, decreased cervical range of motion, and decreased left shoulder range of motion. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 12/20/13) MORPHINE SULFATE ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID'S.

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the claimant reported 6/10 pain with the current medication regimen. Physical examination continues to reveal tenderness to palpation and decreased range of motion. There is no strength, frequency or quantity listed in the current request. Therefore, the request for retrospective/prospective Morphine Sulfate ER (DOS 12/20/13) is not medically necessary and appropriate.

CAPSAICIN CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin in the formulation of 0.075% is primarily studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The claimant does not maintain any of the above mentioned diagnoses. There is no strength, frequency or quantity listed in the current request. Therefore, the request for Capsaicin Cream is not medically necessary and appropriate.

DICLOFENAC SODIUM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after Acetaminophen. There is no frequency, strength, or quantity listed in the current request. Therefore, the request for Diclofenac Sodium is not medically necessary and appropriate.