

Case Number:	CM14-0157877		
Date Assigned:	10/01/2014	Date of Injury:	08/17/2009
Decision Date:	11/25/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 & 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 41-year-old male who reported injury on August 17, 2009 while pulling and lifting forcefully on a trailer, he injured his shoulder. Prior diagnostics included an x-ray and MRI that were not available for review. Prior treatment included medication and chiropractic therapy. Past surgeries included a right shoulder arthroscopy dated January 04, 2013 and a right shoulder arthroscopy dated February 25, 2013. The physical examination dated August 21, 2014, the examination of the lumbar spine revealed tenderness over the lumbar paraspinal, pain with lumbar flexion/extension, straight leg raise elicited low back pain on the left. The left shoulder range of motion 110 degrees with abduction and flexion, unable to get hand behind low back or behind head. The strength was 5/5. Positive arm drop test. Medications included MS Contin, gabapentin, naproxen, morphine and cyclobenzaprine. The injured worker rated his pain with medication as 6/10 and without medication 8/10 using the VAS. The treatment plan included decreasing his MS Contin. The Request for Authorization dated October 01, 2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin (16mg, #90 with 1 refill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The request for MS Contin is not medically necessary. The California MTUS Guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation indicated that the injured worker had a history of ETOH or drug abuse that delayed his past surgery. The clinical notes indicated that a urinalysis was sent out on the August 21, 2014 office visit. As such, the request is not medically necessary.