

Case Number:	CM14-0163322		
Date Assigned:	10/08/2014	Date of Injury:	02/06/1992
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Emergency Medicine 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 67 year-old female, who sustained an injury on February 6, 1992. The mechanism of injury is not noted. Diagnostics have included: June 30 and August 25, 2014 drug screens. Treatments have included: spinal cord stimulator, medications, physical therapy. The current diagnoses are: cervical sprain, left shoulder impingement, right thumb and wrist arthrosis. The stated purpose of the request for Morphine sulfate IR 30mg #120 was not noted. The request for Morphine sulfate IR 30mg #120 was modified for QTY # 60 on September 4, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Flexeril 7.5mg #60 was not noted. The request for Flexeril 7.5mg #60 was modified for QTY # 20 on September 4, 2014, citing a lack of documentation of the medical necessity for long-term use of a muscle relaxant. The stated purpose of the request for physical therapy and myofascial release for 8 sessions was not noted. The request for physical therapy and myofascial release for 8 sessions was denied on September 4, 2014, citing a lack of documentation of functional improvement. Per the report dated August 25, 2014, the treating physician noted complaints of left shoulder pain, right hand/wrist pain. Exam findings included cervical tenderness with spasm and restricted cervical range of motion, left shoulder limited range of motion and a positive Neer test, right hand swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate IR 30 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Morphine sulfate IR 30 mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left shoulder pain, right hand/wrist pain. The treating physician has documented cervical tenderness with spasm and restricted cervical range of motion, left shoulder limited range of motion and a positive Neer test, right hand swelling. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, an executed narcotic pain contract or results of urine drug screening. The criteria noted above not having been met, Morphine sulfate IR 30 mg #120 is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Flexeril 7.5mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has left shoulder pain, right hand/wrist pain. The treating physician has documented cervical tenderness with spasm and restricted cervical range of motion, left shoulder limited range of motion and a positive Neer test, right hand swelling. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5 mg #60 is not medically necessary.

Physical therapy and myofascial release for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The requested physical and myofascial release for 8 sessions is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The injured worker has left shoulder pain, right hand/wrist pain. The treating physician has documented cervical tenderness with spasm and restricted cervical range of motion, left shoulder limited range of motion and a positive Neer test, right hand swelling. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy and myofascial release for 8 sessions is not medically necessary.