

Case Number:	CM14-0178086		
Date Assigned:	10/31/2014	Date of Injury:	02/15/2006
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Interventional Spine 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 patient is a 39 year old female with an injury date of 02/15/06. Based on the 09/17/14 progress report provided by [REDACTED] the patient complains of right shoulder pain rated 5-9/10. She is status post right shoulder surgery 08/01/14. Physical examination to the right shoulder revealed a clean incisional scar, and tenderness to palpation to the shoulder area. Patient is unable to perform any significant range of motion. The patient has undergone urine drug screen 08/20/14, which was consistent with her prescribed medication regimen. Patient relies on daily use of pain medications to control her intractable pain and keep her functional. Patient's medications include Percocet, Baclofen, Lunesta, Mobic and Prilosec. Percocet was prescribed at least from progress report dated 05/29/13. Per progress report dated 08/20/14, medications bring pain down to a tolerable 6-7/10. Patient is temporarily totally disabled. Operative Report 08/01/14- Diagnosis: Impingement syndrome- Procedure: arthroscopic debridement of rotator cuff, arthroscopic subacromial decompression with resection of coracoacromial ligament, partial acromionectomy and bursectomy and lysis of adhesions. Diagnosis 09/17/14- chronic pain syndrome- right knee internal derangement- right shoulder internal derangement, status post right shoulder arthroscopic surgery- right wrist pain- lumbosacral sprain/strain- status post right ankle surgery with recurrent ankle pain. The utilization review determination being challenged is dated 10/08/14. The rationale follows: 1) 30 Tablets of Morphine Sulfate ER 15mg: "urine drug screen not provided..." 2) 30 Tablets Of Mobic (Meloxicam) 7.5mg With 6 Refills: "long term use of NSAIDs is not warranted. [REDACTED] [REDACTED] is the requesting provider and he provided treatment reports from 06/10/13 - 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Morphine Sulfate ER 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: The patient is status post right shoulder arthroscopic surgery and presents with right shoulder pain. The request is for 30 Tablets of Morphine Sulfate ER 15mg. She is also status post right ankle surgery with recurrent ankle pain. Patient's diagnosis dated 09/17/14 included chronic pain syndrome, right knee internal derangement, right shoulder internal derangement, right wrist pain and lumbosacral sprain/strain. Patient's medications include Percocet, Baclofen, Lunesta, Mobic and Prilosec. The patient has undergone urine drug screen 08/20/14, which was consistent with her prescribed medication regimen. Percocet was prescribed at least from progress report dated 05/29/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Treater has not discussed intent of requested Morphine Sulfate ER. Treater states in progress report dated 09/17/14 that "patient relies on daily use of pain medications to control her intractable pain and keep her functional." However, he has not discussed how Morphine Sulfate significantly improves her activities of daily living, the four A's are not specifically addressed including discussions regarding adverse effects and specific ADL's, etc. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by MTUS, recommendation is not medically necessary.

30 Tablets of Mobic (Meloxicam) 7.5mg with 6 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61;22.

Decision rationale: The patient is status post right shoulder arthroscopic surgery and presents with right shoulder pain. The request is for 30 Tablets of Mobic (Meloxicam) 7.5mg With 6

Refills. She is also status post right ankle surgery with recurrent ankle pain. Patient's diagnosis dated 09/17/14 included chronic pain syndrome, right knee internal derangement, right shoulder internal derangement, right wrist pain and lumbosacral sprain/strain. Patient's medications include Percocet, Baclofen, Lunesta, Mobic and Prilosec. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 10/08/14 states that "long term use of NSAIDs is not warranted.." Per progress report dated 08/20/14, medications bring pain down to a tolerable 6-7/10 from 5-9/10. Treater states in progress report dated 09/17/14 that "patient relies on daily use of pain medications to control her intractable pain and keep her functional." The request is inline with MTUS indications. Recommendation is medically necessary.