MAXIMUS Federal Services

Case Number:	CM14-0032174		
Date Assigned:	06/20/2014	Date of Injury:	02/08/2008
Decision Date:	07/22/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 54-year-old female who reported an injury on 02/08/2008 after she lifted a tree trunk. The injured worker reportedly sustained an injury to her shoulder and cervical spine. The injured worker's treatment history included shoulder surgery and postoperative physical therapy, a stellate ganglion block of the left upper extremity and an epidural steroid injection. The injured worker's chronic pain was managed with medications. The injured worker was evaluated on 01/08/2014. The injured worker's medications included Cymbalta 30 mg, Inderal 10 mg, MS Contin 30 mg, omeprazole 40 mg, Temazepam 30 mg, Topamax 25 mg, and Zofran 4 mg. The physical examination findings included decreased motor strength of the left upper extremity rated at a 3/5 with decreased reflexes rated at a 5-/5. It was noted that the injured worker had limited range of motion secondary to pain and muscle spasming of the left trapezius and supraspinatus muscles. It was noted in the injured worker's treatment plan that the injured worker was not monitored for aberrant behavior as the treating provider considered patient reports an adequate determination for aberrant behavior. It was also noted that the injured worker had 7/10 to 8/10 pain improved with narcotic medications. The injured worker's treatment plan included a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM),3rd Edition, Chronic Pain, Opioids and Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not indicate that the injured worker is monitored for aberrant behavior with urine drug screens or is engaged in a pain contract. Additionally, there is no quantitative assessment of pain relief to support the efficacy of this medication. The clinical documentation fails to identify functional benefit resulting from medication usage. Furthermore, the request as it is submitted does not clearly identify frequency of treatment. As such, in the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested MS Contin 30 mg #90 is not medically necessary or appropriate.