

Case Number:	CM14-0057802		
Date Assigned:	07/09/2014	Date of Injury:	10/05/2006
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 Pain Management, and is licensed to practice in Texas and Oklahoma. 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 46-year-old who reported an injury on October 5, 2006. Prior treatments included a right shoulder arthroscopy and gastric bypass. Additionally, the injured worker was noted to have left de Quervain's tenosynovitis surgery. Injured worker was noted to be taking the opiates since June of 2013. The injured worker had undergone urine drug screens. Therapies included physical therapy. The documentation of February 25, 2014 revealed the injured worker's symptoms were overall the same. The average pain was 8-9/10. The injured worker indicated she was taking MSIR 15 mg five times a day and that medications decreased the pain level to a 7/10 from a 10/10. The injured worker denied side effects. Diagnoses included mild cervical stenosis C4-5, C5-6; left de Quervain's tenosynovitis status post-surgery with a postoperative infection; right shoulder arthralgia status post arthroscopy; narcolepsy; and status post gastric bypass. The treatment plan included a continuation of the medications including MSIR 15 mg 5 a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two prescriptions of MSIR 15mg, 150 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates as a treatment for chronic pain. There should be documented objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The injured worker had been taking the medication since at least 06/2013. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement with the medication. Additionally, there the frequency was not provided and there was a lack of documentation indicating a necessity for two refills. Given the above, the request for two prescriptions of MSIR 15mg, 150 count, is not medically necessary or appropriate.