

Case Number:	CM14-0072320		
Date Assigned:	09/05/2014	Date of Injury:	07/31/2009
Decision Date:	10/14/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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 Internal 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 50 year old male who had a work related injuries on 07/31/09. His injury occurred while he was digging with a shovel, hit a thick slab, and developed severe pain in his right shoulder and right neck followed by loss of range of motion in his right arm. He was initially treated with anti-inflammatories physical therapy and trigger point injections over right shoulder with temporary relief. He was then started on analgesic medication MS Contin, Percocet, and gabapentin. Most recent clinical documentation submitted for review was dated 08/07/14. He returned to the office with right upper extremity symptoms. The pain increased in severity, particularly at night and he was having more difficulty sleeping. Morphine tablets for breakthrough pain he took around 3pm and was able to help prepare dinner and be more involved with night activities. He was interested in revisiting the spinal cord stimulator option. About two weeks ago he had left upper wisdom tooth extraction and continued with increased sensitivity of the left cheek. Character of his pain was sharp aching cutting throbbing pressure shooting and burning. Pain was constantly there 100% of the time. His pain today was 9/10. His interval pain over the last week was 9/10. He related his pain relief with medication or treatment over the last week was 20%. There were no relieving factors. Functional limitations, he could walk 10 minutes before having to stop due to pain. Patient could sit for 10 minutes before having to stand due to pain. He could stand for 10 minutes before having to sit due to pain. On physical examination, revealed well developed well nourished male in no acute distress and guarding with right upper extremity. PHQ-9 depression index was administrated and score of 14/27 indicating moderate depression symptoms. Diagnosis reflex sympathetic dystrophy upper limb; Osteoarthritis, localized involving shoulder; Cervicalgia; and Cervical spondylosis without myelopathy. Prior utilization review on 03/06/14 was modified. Current medication request was for MS Contin 60mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (morphine sulfate) Page(s): 56.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, this medication is recommended as medically necessary at this time.