

Case Number:	CM14-0077801		
Date Assigned:	07/18/2014	Date of Injury:	07/26/2007
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/28/2014

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 Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 07/26/07 when, while working as a plasterer, he fell from scaffolding. Injuries included a pneumothorax and fracture of the right clavicle. Treatments have included left shoulder surgery. He developed adhesive capsulitis and underwent a second surgery with manipulation under anesthesia and debridement. The patient was seen by the requesting provider on 01/12/12. He was having low back and bilateral shoulder pain. He was performing home exercises for his shoulder. Pain was rated at 6/10 with medications and 9/10 without medications. Physical examination findings included an antalgic gait. Lunesta, Atenolol, Colace, Lovastatin, Prevacid, and Percocet 10/325 mg #150 were prescribed. On 04/05/14 pain was rated at 4/10 with medications and 8/10 without medications. He felt he was depressed and was requesting better pain relief as Percocet was not working as well. MS Contin was prescribed and his Percocet was refilled. He was continued out of work. On 05/31/12 he had ongoing pain. Pain was rated at 7/10 with medications and 9/10 without medications. He had been approved for a psychiatric evaluation. MS Contin 30 mg #90 and Percocet 10/325 mg #150 were prescribed. On 03/20/13 pain was rated at 6/10 with medications and 9/10 without medications. He was having bilateral shoulder pain. He was having low back pain radiating into the left lower extremity with numbness of his foot. He was having ongoing knee pain. Physical examination findings included ambulating with an antalgic gait. There was left knee crepitus with joint enlargement. He had decreased left lower extremity sensation affecting the entire leg. On 03/25/13 he was seen after his medications had been stolen from his home. The medications were refilled. On 08/08/13 he was having bilateral shoulder pain and low back pain with numbness in his left thigh. Pain was rated at 5/10 with medication and 9/10 without medication. Physical examination findings included back pain with straight leg raising.

Percocet 10/325 mg #150, and MS Contin 30 mg #90 was prescribed. An x-ray of the knees on 02/05/14 showed findings of mild right degenerative joint disease with an effusion and progression of left knee degenerative joint disease. On 04/17/14 he was having bilateral shoulder, low back, and left knee pain. Pain was rated at 5/10 with medications and 9/10 without medications. Imaging results were reviewed. Physical examination findings included an antalgic gait. He had decreased shoulder range of motion and decreased left lower extremity sensation. Medications were refilled. He was continued out of work.

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, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 86.

Decision rationale: The patient is more than 7 years status post work-related injury and continues to be treated for chronic pain. Medications include MS Contin and Percocet with a total MED (morphine equivalent dose) of 150 mg per day. He has not returned to work. In this case, the patient is currently prescribed opioid medications at a total morphine equivalent dose excess of 120 mg per day. There is no evidence of progress towards a decreased reliance on medical care or any return to work plan. He is actually becoming more dependent in terms of medical care usage. Per guidelines, opioid dosing is in excess of 120 mg oral morphine equivalents per day are not recommended. Criteria for discontinuing opioids include when there is no overall improvement in function or a decrease in functioning which are both evident in this case. Therefore, the request for MS Contin 30mg #90 is not medically necessary.