

Case Number:	CM14-0206298		
Date Assigned:	12/18/2014	Date of Injury:	12/17/2012
Decision Date:	02/06/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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 (IW) is a 56-year-old man with a date of injury of December 17, 2012. The mechanism of injury is not documented in the medical record. The injured worker's working diagnosis is right shoulder rotator cuff repair, subacromial decompression, and distal clavicle resection. Pursuant to the clinic note dated November 7, 2014, the IW presents for a follow-up following his right shoulder rotator cuff surgery on October 22, 2014. The IW reports he is doing fairly well. He has been in a sling as instructed. He has been doing some flexion and extension of his elbow. He is having difficulty sleeping and was told he could ask for a prescription for a rental recliner to help with that. Examination of the right shoulder shows well-healed portal sites and incisions that are in the AC joint. There is some swelling along the shoulder down to the mid-upper arm. He has normal sensation in the radial, median, and ulnar nerve distributions. The Injured Worker (IW) has been taking MS Contin 15mg Q 12 hrs since June 11, 2014, according to a progress note with the same date. Prior to June of 2013, the IW was taking Norco and Tramadol concurrently as far back as November of 2013. There is no detailed pain assessment or evidence of objective functional improvement associated with the long-term use of narcotics. The current request is for MS Contin 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);
Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patients decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve a function. In this case, the injured worker is 55 years old with a date of injury December 17, 2012. The injured worker's working diagnoses are internal derangement of shoulder; and status post arthroscopic rotator cuff repair/open distal clavicle resection/arthroscopic subacromial decompression. The medical records do not contain documentation evidencing objective functional improvement. There are no pain assessments in the medical record. There are no urine drug screens in the medical record. The documentation shows the injured worker was taking MS Contin prior to the surgery in June 2014 in a progress note dated June 11, 2014. Prior to the June 2014 progress note, the injured worker was taking Vicodin and tramadol concurrently. Consequently, absent the appropriate clinical documentation evidencing objective functional improvement and pain assessments with documentation of pain relief, functional status and side effects, MS Contin 15 mg #60 is not medically necessary.