

Case Number:	CM14-0077997		
Date Assigned:	07/21/2014	Date of Injury:	10/05/2006
Decision Date:	02/09/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Geriatric Medicine, and is licensed to practice in New York. 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 woman with a date of injury of 10/5/06. She was seen by her provider on 3/25/14 with complaints of neck, right shoulder and bilateral arm pain with numbness, tingling and burning from her elbows to all fingers. She also had knee pain. She was said to be taking MSIR 15mg 5x per day in addition to cymbalta and terocin cream. Her pain was improved from 10/10 to 7/10 with medications and she denied constipation. Her exam showed decreased flexion/extension of the cervical spine with 4/5 grip strength of the left hand due to pain. Reflexes were normal and sensation was intact. She had a negative Spurling's test and negative facet challenge in the cervical spine. Her diagnoses were mild cervical stenosis C4-5 and C5-6, left deQuervain's tenosynovitis, right shoulder arthralgia, status post arthroscopy, narcolepsy, status post gastric bypass and elevated liver enzymes. Prior attempts to wean from opiates were said to be unsuccessful and she was to be referred to an addiction and opiate dependence clinic. At issue in this review is the refill of MSIR 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic neck, arm and shoulder pain with an injury sustained in 2006. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and Cymbalta. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 3/14 fails to document any significant improvement in pain (10/10 to 7/10) or functional status specifically related to MSIR to justify long-term use per the guidelines. There are potential issues of addiction and dependence noted with referral to a clinic. The medical necessity of MSIR is not substantiated in the records. This request is not medically necessary.