

Case Number:	CM15-0145769		
Date Assigned:	08/06/2015	Date of Injury:	06/26/2001
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old man sustained an industrial injury on 6-26-2001 after falling 6-7 feet off of a car lift and attempting to break the fall with his outstretched arm. The worker suffered short term loss of consciousness. Diagnoses include chronic neck and left shoulder pain. Treatment has included oral medications, radiofrequency ablation, epidural steroid injection, trigger point injections, and acupuncture. Physician notes dated 6-22-2015 show complaints of neck, left shoulder pain, and headaches. The worker rates his pain 7 out of 10 without medications and 2-3 out of 10 with medications. Recommendations include MS Contin, continue activity and function level, please send all medical records, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 60mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not 1st line for mechanical or compressive etiologies. In this case, the claimant had chronic shoulder and neck pain. The claimant had undergone numerous interventions for pain relief. He had been on Oxycontin in the past for over a year. Long-term use of opioids has not been studied. Weaning, Tylenol, Tricyclic or NSAID failure is not noted. Continued use of MSContin ER is not medically necessary.