

Case Number:	CM15-0161094		
Date Assigned:	08/27/2015	Date of Injury:	04/23/2003
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 58-year-old male who sustained an industrial injury on 04-23-2003. Diagnoses include amputation, right arm, above elbow; tendinitis, left shoulder rotator cuff, chronic; epicondylitis, left lateral elbow, chronic; tenosynovitis, left hand flexor; osteoarthritis, left index finger; strain, cervical, with radiculopathy, chronic; post-traumatic stress disorder; major depression; and generalized anxiety disorder. Treatment to date has included medications, physical therapy (PT), shoulder and elbow cortisone injections, psychotherapy, shoulder and wrist surgeries and activity modification. Cortisone injections for the left shoulder had provided 50% pain relief for approximately four months. According to the progress notes dated 7-17-2015, the IW (injured worker) reported neck and shoulder pain. He stated PT was helping his left shoulder, elbow and wrist pain a little bit. It was noted the medication decreased his pain from 8 out of 10 to 5 out of 10, improving his level of activities of daily living. On examination, there were no significant changes. The provider stated urine drug screens have been consistent. A left shoulder MRI dated 1-9-2015 showed evidence of previous injury with post-surgical changes and tendinosis of the supraspinatus tendon with bursal surface partial thickness tear. A request was made for MS Contin 15mg, #60. Notes indicate that the patient has participated in physical therapy and been shown a home exercise program. Urine drug screens have been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg bid #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin 15mg bid #60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested MS Contin 15mg bid #60 is medically necessary.