

Case Number:	CM15-0183931		
Date Assigned:	09/24/2015	Date of Injury:	12/01/2006
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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: Emergency Medicine

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 57 year old female who sustained an industrial injury 12-01-06. A review of the medical records reveals the injured worker is undergoing treatment for repetitive strain injury, tenosynovitis, myofascial pain syndrome, and rotator cuff syndrome. Medical records (08-07-15) reveal the injured worker complains of "severe pain", described as persistent intractable pain in her lower back, shoulders, arms, and hands. The pain is not rated. With medications she can "do something, her activities of daily living, go to church," and "exercise and shopping on her own, at times using an electric cart." The physical exam (08-07-15) reveals pain with resistive testing of shoulders, arms, and wrists. The lumbar spine has poor rotation and extension. Firm muscle knots are note in her trapezius, scalene, supraspinatus, infraspinatus, teres, rhomboids, pectoralis, upper quadrant, and paralumbar muscle groups. Prior treatment includes medications, acupuncture, lumbar epidural steroid injection, and physical therapy. The original utilization review (08-24-15) on certified the request for MS Contin 30 mg #90 and ibuprofen 600 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: MS Contin is extended release morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient is noted to have been on various opioids, most currently on percocet and oxycodone with no documentation of any objective benefit. The requested MS contin in combination with oxycodone will exceed the maximum Morphine Equivalent Dose (MED) of 120mg a day. Provider has escalated opioid dosing with addition of MS Contin with no documentation of any plan. The lack of any benefit from prior opioid therapy and lack of any plan does not meet criteria. MS contin is not medically necessary.

Ibuprofen 600mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Ibuprofen or motrin is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short-term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic low back pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. Patient has noted worsening pain. There is no noted use of NSAIDs for the last 2-3months. A short course of ibuprofen is indicated and medically necessary.