

Case Number:	CM15-0187099		
Date Assigned:	09/29/2015	Date of Injury:	11/10/1993
Decision Date:	12/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/23/2015

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: North Carolina
 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 11-10-93. Medical records indicate that the injured worker is undergoing treatment for complex regional pain syndrome right arm, osteoarthritis of acromioclavicular joint, neuropathic pain and depressive disorder. The injured workers current work status was not identified. On (9-1-15 and 8-12-15) the injured worker complained of chronic right arm pain. The pain was rated 8-9 out of 10 without medications and 5-6 out of 10 with medications on the visual analog scale. The injured worker reported that the current medication regime, activity restrictions and rest continues to keep her pain manageable and allows her to perform activities of daily living such as walking, shopping and light household chores. Examination of the cervical spine revealed pain and spasm over the right trapezius. A Spurling's sign was negative. Range of motion was restricted and painful. Examination of the upper extremities revealed the right arm to be in a sling. There was pain over the entire arm including the wrist area. Tenderness was also noted in the right anterior shoulder. The injured worker still had hyperesthesia and some allodynia to touch and dysesthesia on the right forearm to the wrist. Treatment and evaluation to date has included medications, MRI of the right shoulder, psychological assessments, a urine drug screen (7-15-15), heat-ice, rest and gentle exercising. Current medications include MS Contin (since August of 2015), Methadone, Norco, BuSpar, Zoloft, Motrin, Docusate sodium, Miralax and Lorazepam. The current treatment request is for MS Contin 30mg #90. The Utilization Review documentation dated 8-20-15 non-certified the request for MS Contin 30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg PO TID #90: 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): Opioids for chronic pain.

Decision rationale: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)
The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 9/10 to a 5/10. There are objective measures of improvement of function or how the medication improves activities of daily living. Therefore all criteria for the ongoing use of opioids have been met and the request is medically necessary.