

Case Number:	CM14-0092214		
Date Assigned:	09/12/2014	Date of Injury:	09/27/2004
Decision Date:	10/21/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 32-year-old gentleman was reportedly injured on September 27, 2004. The most recent progress note, dated September 17, 2014, indicates that there were ongoing complaints of low back pain radiating to the right lower extremity, depression, and anxiety. Current medications include morphine, Cymbalta, and Abilify. The injured employee stated that medications allowed him to stand and walk for longer periods of time. The physical examination noted that the injured employee appeared fatigued and lethargic. There was ambulation with the assistance of a single point cane. A physical examination was difficult to perform due to lack of motor strength. There was a normal lower extremity sensory examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture and oral pain medications. A request had been made for morphine sulfate and a right wrist brace and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 78, 93 of 127.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or increase in the overall functionality with the current treatment regimen. In the absence of subjective or objective clinical data, this request for MS Contin is not medically necessary.

Right wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, Chronic Pain Treatment Guidelines Carpal tunnel syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment, Updated October 7, 2014.

Decision rationale: The progress note dated September 17, 2014, does not state that the injured employee has any wrist issues. Considering this, this request for a right wrist brace is not medically necessary.