

Case Number:	CM14-0217374		
Date Assigned:	01/07/2015	Date of Injury:	02/23/2004
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 IW is a 53 male worker with a date of injury of February 23, 2004. The mechanism of injury is unknown. Diagnoses include elbow pain, carpal tunnel syndrome, pain in shoulder, peripheral neuropathy, bilateral foot pain and frozen shoulder. Past surgical history included carpal tunnel surgery in 2008 and 2010, ulnar surgery on the right in 2010 and left foot surgery in 2011. On October 30, 2014, the injured worker complained of severe foot pain characterized as burning, sharp, stabbing and tearing. The foot pain was aggravated by any movement and physical activity as well as lying down. He also complained of constant, severe shoulder bilateral pain characterized as sharp and stabbing. The shoulder pain was aggravated by any movement. Physical examination of the shoulders revealed tenderness, crepitus and atrophy. Wrist function testing on the right included positive Carpal Compression Test, Phalen's sign and Tinel's Sign. Wrist function testing on the left included positive Carpal Compression Test, Phalen's Sign and Tinel's Sign. Medications were listed as treatment and were noted to improve foot pain by 80% and significantly reduce frequency and intensity of shoulder pain. A request was made for Morphine Sulfate IR 30mg #120, MS Contin 60mg #30, Flexeril 10mg #180, one spinal cord stimulator trial and one injection to bilateral shoulders of 2cc of Kenalog 40mg and 8cc of Marcaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 30 mg # 120: 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): 76-78.

Decision rationale: Morphine Sulfate IR is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of required criteria. The documentation by the provider continues to fail to document necessity for opioid therapy. There is no appropriate objective documentation of pain improvement (there is not a single pain scale documented in the chart) or improvement in activity of daily living. The generic statement used by the provider claiming 80% improvement in pain fails to meet MTUS documentation requirement for objective improvement. The amount of opioids patient is currently on exceeds the recommended maximum dose of 120 mg Morphine Equivalent Dose. The number of tablet prescribed is inappropriate and fails MTUS guidelines concerning close monitoring of opioid therapy. Morphine Sulfate IR is not medically necessary.

MS Contin 60 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: MS Contin is extended release morphine, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of required criteria. The documentation by the provider continues to fail to document necessity for opioid therapy. There is no appropriate objective documentation of pain improvement (there is not a single pain scale documented in the chart) or improvement in activity of daily living. The generic statement used by the provider claiming 80% improvement in pain fails to meet MTUS documentation requirement for objective improvement. The amount of opioids patient is currently on exceeds the recommended maximum dose of 120mg Morphine Equivalent Dose. There is no documented plan for weaning. MS Contin is not medically necessary.

Flexeril 10 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.

One injection to bilateral shoulders of 2 cc of Kenalog 40 mg and 8 cc of Marcaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: AS per ACOEM guidelines, a short course of subacromial shoulder injections may be considered along with other conservative modalities such as physical therapy for treatment of shoulder impingement. There is no documentation as to why injection was requested. Pt does not appear to be on a physical therapy treatment plan. Due to lack of rationale or concurrent rehabilitation plan, bilateral shoulder injections are not recommended.