

Case Number:	CM15-0013555		
Date Assigned:	02/02/2015	Date of Injury:	10/29/2009
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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: New York, West Virginia, Pennsylvania
 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:

This 59-year-old female sustained a work-related injury to her right hand and knee, left shoulder and face on 10/29/2009. According to the progress notes dated 12/2/2014, the injured worker's (IW) diagnoses are discogenic cervical and lumbar condition with facet inflammation, bilateral shoulder impingement, internal derangement of bilateral knees, status post left knee arthroscopy, chronic pain syndrome and right wrist joint inflammation with possible TFCC tear. She reports continued pain in the neck, shoulders, wrists and knees. Previous treatment includes NSAIDs, pain medications, muscle relaxants and knee arthroscopy. The treating provider requests Morphine sulfate ER 30 mg, #80, Morphine sulfate 30 mg (next visit) #80, Flexeril 10 mg, #60 and Flexeril 10 mg (next visit), #60. The Utilization Review on 1/20/2015 non-certified Flexeril 10 mg, #60 and Flexeril 10 mg (next visit), #60. The requests for Morphine sulfate ER 30 mg, #80 and Morphine sulfate 30 mg (next visit) #80 were modified to Morphine sulfate ER 30 mg, #65 and Morphine sulfate ER 30mg (next visit), #50. California MTUS Chronic Pain Medical Treatment guidelines were cited as references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 30mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Opioids are indicated for treatment of moderate to moderately severe pain, but are not indicated for long term use. Ongoing monitoring of opioid use should include assessment of opioid use, side effects, functional improvement, and abusive behavior. In this case, the patient has been on opiates long term for treatment of diffuse musculoskeletal pain. Medical records do not document pain relief, functional improvement, or lack of adverse side effects. Guidelines recommend tapering opioids. Continued opioid medications are not recommended and should be tapered off in a gradual fashion.

Morphine Sulfate ER 30mg (next visit) #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Opioids are indicated for treatment of moderate to moderately severe pain, but are not indicated for long term use. Ongoing monitoring of opioid use should include assessment of opioid use, side effects, functional improvement, and abusive behavior. In this case, the patient has been on opiates long term for treatment of diffuse musculoskeletal pain. Medical records do not document pain relief, functional improvement, or lack of adverse side effects. Guidelines recommend tapering opioids. Continued opioid medications are not recommended and should be tapered off in a gradual fashion.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Muscle relaxants are recommended for short term use for acute spasms. The greatest effect is in the first 4 days and treatment should not be more than 2-3 weeks. In this case, there is no documentation of muscular spasms in the patient. Furthermore, this medication should not be used for longer than 2-3 weeks. Thus, muscle relaxants are not medically appropriate and necessary.

Flexeril 10mg (next visit) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: Muscle relaxants are recommended for short term use for acute spasms. The greatest effect is in the first 4 days and treatment should not be more than 2-3 weeks. In this case, there is no documentation of muscular spasms in the patient. Furthermore, this medication should not be used for longer than 2-3 weeks. Thus, muscle relaxants are not medically appropriate and necessary.