

Case Number:	CM15-0014535		
Date Assigned:	02/02/2015	Date of Injury:	12/12/2011
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 12/12/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her neck and shoulders. The injured worker was evaluated on 09/02/2014. It was documented that the injured worker had continued pain complaints of the neck and right shoulder and right knee. Objective findings included tenderness to palpation of the right neck and shoulder. The injured worker's diagnoses included chronic pain of the right shoulder and chronic pain of the right neck. The injured worker's treatment plan included continuation of medications. The injured worker's medications included MSSR 30 mg twice a day. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSSR 30mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested MSSR 30mg tid #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, an assessment of pain relief, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the injured worker has any functional benefit or pain relief resulting from the use of this medication. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested MSSR 30mg tid #90 is not medically necessary or appropriate.

Dulcolax 5mg TID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating treatment Page(s): 77.

Decision rationale: The requested Dulcolax 5mg TID #9 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the initiation of prophylactic treatment of constipation for chronic opioid therapy. However, the clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that she is suffering from constipation. Therefore, the need for this medication is not supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Dulcolax 5mg TID #9 is not medically necessary or appropriate.