

Case Number:	CM15-0018867		
Date Assigned:	02/06/2015	Date of Injury:	05/27/2008
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male who sustained an industrial injury on 05/28/08. He reports neck and left shoulder pain. Treatments to date include 3 left shoulder arthroscopies, acupuncture, and medications. Diagnoses include cervical spondylosis without myelopathy, and pain in the shoulder. In a progress noted dated 01/06/15 the treating provider recommends continued treatment with Morphine ER and Voltaren gel. On 01/08/15 Utilization Review non-certified the Morphine ER and Voltaren gel citing MTUS guidelines. The provider noted that morphine ER is a new prescription. The patient's pain was decreased by approximately 3 points out of 10 with prior use of opioids (Norco) with some functional improvement noted. There was no aberrant behavior or intolerable side effects noted and the provider notes that UDS was consistent. Norco has been denied. Regarding Voltaren gel, the provider notes that the patient uses it on the neck and shoulder, alternating with naproxen to avoid GI complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 15mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for morphine sulfate ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the request is noted to be a new prescription. Prior use of opioids (Norco) resulted in improved function and pain per the provider, with no intolerable side effects or aberrant use and UDS was noted to be consistent. In light of the above, the currently requested morphine sulfate ER is medically necessary.

Voltaren gel 1% 20 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Voltaren gel, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Given all of the above, the requested Voltaren gel is not medically necessary.