

Case Number:	CM15-0113033		
Date Assigned:	06/19/2015	Date of Injury:	03/08/2010
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 03/08/10. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include pain in the bilateral arms, shoulders, and elbows. Current diagnoses include reflex sympathetic dystrophy of the right upper limb, carpal tunnel syndrome, pain in the upper extremity, chronic insomnia, and depression. In a progress note dated 05/20/15 the treating provider reports the plan of care as medications including Cymbalta, gabapentin, Lunesta, Tylenol with Codeine, and MS Contin. The requested treatments include MS Contin. The injured worker has been on MS Contin since at least September 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg #60: 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): 82-96.

Decision rationale: Morphine use for chronic non-cancer pain is controversial. In this case, the claimant had been on MS Contin for several months without mention of weaning failure or use of other long-acting analgesics and tricyclics. The MS Contin is not 1st line for CRPS or RSD. Continued and chronic use of MS Contin is not medically necessary.