

Case Number:	CM15-0117065		
Date Assigned:	06/30/2015	Date of Injury:	07/17/2012
Decision Date:	07/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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:

This 58 year old man sustained an industrial injury on 7/17/2012. The mechanism of injury is not detailed. Diagnoses include shoulder pain with stiffness, right shoulder articular cartilage disorder, chronic pain syndrome, and numbness and tingling of right arm. Treatment has included oral medications, TENS unit, and physical therapy. Physician notes dated 6/4/2015 show complaints of bilateral shoulder pain. The worker rates the pain 6-8/10 without medications and 4-5/10 with medications. Recommendations include right shoulder MRI, MS Contin, urine drug screen, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #30: 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): 82-92.

Decision rationale: According to the guidelines, morphine is not 1st line for chronic pain. In this case, the claimant had been on Norco and NSAIDS for several months with 50% reduction in pain. The progress notes did not indicate the need or justify the use for MSContin. No one opioid is superior to another. The request for MS Contin is not medically necessary.