

Case Number:	CM15-0119681		
Date Assigned:	06/26/2015	Date of Injury:	12/11/2002
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 54 year old female with a December 11, 2002 date of injury. A progress note dated May 12, 2015 documents subjective complaints (bilateral shoulder and wrist pain; pain rated at a level of 8/10 with medications and 10/10 without medications; decreased activity level), objective findings (range of motion of the cervical spine restricted by pain; tenderness noted at the paracervical muscles and trapezius; trigger point with radiating pain and twitch response on palpation at right trapezius muscle; tenderness on palpation in the right acromioclavicular joint, subdeltoid bursa, and supraspinatus; left shoulder range of motion restricted by pain; tenderness on palpation noted in the biceps groove and subdeltoid bursa; decreased motor strength of the bilateral shoulders; decreased light touch sensation over the right thumb, index finger, and middle finger), and current diagnoses (carpal tunnel syndrome (both); Mood disorder; shoulder pain; entrapment neuropathy of the upper limb). Treatments to date have included magnetic resonance imaging of the right shoulder that showed persistent full thickness tear, medications, physical therapy, and multiple shoulder surgeries. The medical record indicates that medications are working well. The treating physician documented a plan of care that included MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for Ms Contin 15mg #60 is not medically necessary.