

Case Number:	CM15-0070680		
Date Assigned:	04/20/2015	Date of Injury:	12/03/1998
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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: North Carolina, Georgia
 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 40 year old female patient who sustained an industrial injury on 12/03/1998. A pain management visit dated 05/15/2014 reported subjective complaints of continued bilateral shoulder pain accompanied with left elbow and forearm pain. The pain is described as a burning sensation in the shoulders. She also has complaint of bilateral wrist/hand pain accompanied by numbness and tingling into the left forearm/hand. She reports her pain being inadequately controlled rating it an overall 8 out of 10 in intensity with the use of medications. The patient states that due to pain intensity at times she experiences jaw tensing resulting in her biting the inside of her mouth. She is found using prescribed Norco 10/325mg, Celebrex, Topamax, Flexeril, Amitiza, Prozac, Fentanyl patch, and OxyContin. In addition, she utilizes a transcutaneous nerve stimulator unit with some pain relief. Diagnostic testing to include: nerve conduction study, magnetic resonance imaging. The following diagnoses are applied: bilateral shoulder pain, status post bilateral shoulder surgery; myofascial pain; carpal tunnel syndrome, bilaterally, status post carpal tunnel release; reactive depression associated with chronic pain, and Opioid induced constipation. The plan of care involved: a trial of MS Contin, refiling Norco, Topamax, Celebrex, Flexeril, Lidoderm patches, Amitiza, Prozac, recommending an interferential unit trial, urine drug screening. She is to follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate tab 15mg ER (Extended Release) Qty 60: Overturned

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 Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with morphine sulfate.

Hydrocodone/APAP (Acetaminophen) tab 10-325 mg Qty 40: Overturned

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 Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with hydrocodone-APAP.

Ibuprofen tab 800 mg Qty 60: 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 Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline is clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Ibuprofen 800 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible. There is no documentation of response to this dose or of any trials of lower doses of Ibuprofen. Ibuprofen 800 mg #60 is not medically necessary.