

Case Number:	CM15-0078567		
Date Assigned:	04/29/2015	Date of Injury:	09/24/2002
Decision Date:	05/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker was a 43 year old male, who sustained an industrial injury, September 24, 2002. The injured worker previously received the following treatments Gabapentin, Nortriptyline, Oxycontin, Aleve, Oxycodone, spinal cord stimulator, nerve blocks, Trazodone, laboratory studies, Hydrocodone, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, total shoulder replacement, shoulder x-rays and left shoulder MRI. The injured worker was diagnosed with chronic pain, shoulder arthroplasty, left shoulder with 12 operative procedures. According to progress note of March 13, 2015, the injured workers chief complaint was left shoulder pain. The injured worker rated the pain 7 out of 10; 1 being no pain and 10 being the worse pain. The pain without pain medication was 8 out of 10. The injured worker was scheduled for another left shoulder procedure in April of 2015. There were no new problems or side effects or injuries since the prior visit. The injured worker's activity level remained the same. The injured worker continued with poor quality of sleep. No new problems or side-effects. The physical exam noted restricted range of motion to the left shoulder, due to pain. Hawkin's test was positive. There was tenderness with palpation of the acromioclavicular joint, biceps groove, coracoid process, glenohumeral joint, greater tubercle of the humerus and subdeltoid bursa. The treatment plan included a prescription for MSIR 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for MSIR 15 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Opioids.

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for one prescription for MSIR 15 mg, thirty count is not medically necessary.