

Case Number:	CM15-0094196		
Date Assigned:	05/20/2015	Date of Injury:	12/17/2012
Decision Date:	06/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/15/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 56-year-old male who sustained a work related injury December 17, 2012. History included s/p arthroscopic rotator cuff repair, distal clavicle resection, and subacromial decompression and newly diagnosed diabetes. According to a primary treating physician's progress report, dated April 30, 2015, the injured worker presented for follow-up of internal derangement of the right shoulder. He was recently hospitalized for a myocardial infarction (April 8-10,2015) with stent placement and received MS Contin twice daily which controlled his shoulder pain, from a baseline 6/10 to a 3/10. He continues to have significant restriction in range of motion. He did not receive any benefit from lidocaine patches and had a local skin reaction. Diagnosis is documented as internal derangement of right shoulder. At issue, is the request for authorization for 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 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15 mg bid #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are internal derangement shoulder right (slightly improved however, significant restrictions are present with associated discomfort. The documentation shows MS Contin was discontinued March 17, 2015. Subsequent documentation from an April 30, 2015 progress note states the injured worker was hospitalized for myocardial infarction. The injured worker was given MS Contin while hospitalized. The treating provider wants to restart MS Contin. There is no clinical indication or rationale for restarting MS Contin when other short acting opiates are available for use. The injured worker's VAS pain scale is 3/10 with medication and 6/10 without medication. Consequently, absent clinical documentation with a clinical indication and rationale for restarting MS Contin when other short acting opiates are available, MS Contin 15 mg bid #60 is not medically necessary.