

Case Number:	CM14-0083446		
Date Assigned:	07/21/2014	Date of Injury:	12/10/1999
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 75 year old male who reported an injury on December 10, 1999. The mechanism of injury remains undisclosed. The most recent progress note, dated July 3, 2013, indicated that there were ongoing complaints of shoulder and neck pains. The physical examination demonstrated a visual analog scale of 3/10, a decrease in cervical spine range of motion, a decrease in shoulder range of motion, and motor function was not reported. Diagnostic imaging studies were not reviewed at this visit. Previous treatment included multiple medications, and pain management interventions. A request was made for Morphine Sulfate and was not certified in the preauthorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #90 between 5/07/14 and 7/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009 Page(s): 74-75, 78, 93.

Decision rationale: Based on the parameters noted in the Medical Treatment Utilization Schedule

(MTUS), long acting opioids are supported if there is a need for continuous around the clock analgesic. Improvement in pain and function must be documented but nothing was noted. Therefore, the medical necessity for the continued use of this medication is not established. A progress note failed to suffice in establishing the need for this intervention.

MS Contin 50mg #30 between 5/07/14 and 7/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 75, 78, 93.

Decision rationale: Based on the parameters noted in the Medical Treatment Utilization Schedule (MTUS), long acting opioids are supported if there is a need for continuous around the clock analgesic. Improvement in pain and function must be documented but nothing was noted. Therefore, the medical necessity for the continued use of this medication is not established. A progress note failed to suffice in establishing the need for this intervention.

Norco 10/325mg #240 with 3 refills between 5/07/14 and 9/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: As outlined in the MTUS, this medication is a short acting opioid that is indicated for the short term management of moderate to severe breakthrough pain. There was no clinical parameter identified where this is limited to a short term intervention. This appears to be a chronic, indefinite use of this medication in conjunction with other long acting opioid analgesics. There was no documentation regarding the efficacy or the utility provided in the progress notes relative to use of these medications. Therefore, based on the lack of clinical information, the medical necessity for continued use of this preparation has not been established.

Gabapentin 600mg #60 between 5/07/14 and 9/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-20, 49.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is shown to be effective in the treatment of painful diabetic neuropathy or a post herpetic neuralgia. The diagnosis is listed as displacement of a cervical disc without myelopathy and the pain levels have been constant for a number of months. There were no objective reports of a neuropathic lesion. Objectification of a radicular component to this malady is required, and documentation of efficacy regarding the medication must be noted. Neither were presented in the progress reports that were presented for review. Therefore, the medical necessity has not

been established for the continued use of this preparation.