

Case Number:	CM13-0009047		
Date Assigned:	09/12/2013	Date of Injury:	11/01/2001
Decision Date:	01/23/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 physician 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:

The patient is a 60-year-old male who reported an injury on 11/1/01. The mechanism of injury was not provided. The patient has increased bilateral arm pain with paresthesias, and severe discomfort in the extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for one soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines for the Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: ACOEM Guidelines do not recommend the use of a cervical collar for more than 1-2 days, as prolonged use may result in weakness and debilitation. The clinical documentation submitted for review indicated the patient should have a cervical collar to assist in the patient's complaints of neck pain and to assist him in sleeping at night secondary to persistent neck pain. However, the clinical documentation submitted for review failed to provide

documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request is non-certified.

request for an unknown prescription of Opana-ER: 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 Page(s): 78, 93.

Decision rationale: The California MTUS recommends Opana for severe pain, but indicate it is not to be taken "as needed." Additionally, guidelines recommend there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicates that the physician would like the patient to have Opana-SR, but fails to provide documentation of the 4 A's as per California MTUS Guidelines. Additionally, it failed to provide the quantity of medication and the strength. Given the above, the request is not medically necessary.

transdermal analgesics: 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 Page(s): 111-113.

Decision rationale: The California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review indicated that the patient had been using transdermal analgesics and wishes to continue to do so to help decrease the side effects of/provide augmentation for oral medications, and to help the patient perform on a daily basis. However, the clinical documentation submitted for review failed to provide the name of the medication, its efficacy, and the quantity. Given the above, the request is not medically necessary.