MAXIMUS Federal Services

Case Number:	CM13-0015468		
Date Assigned:	10/08/2013	Date of Injury:	02/14/2003
Decision Date:	01/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational Medicine and is licensed to practice in California. 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 53 year old male with a date of injury of February 14, 2003. The patient has developed issues related to carpal tunnel surgery as well as right shoulder rotator cuff injury. MRI shows a labral tear. Currently, he has complaints of cervical spine pain with radiation to the bilateral upper extremities. He has difficulties at night due to pain. Patients had multiple upper extremity surgeries. Patient also has bilateral medial and lateral epicondylitis. The reports indicate the patient is currently taking oxycodone and Ambien however there is no indication of patients usage and any indication of efficacy of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: CA MTUS Chronic pain guidelines are specific with regards to opioid treatment. MTUS/Chronic Pain Medical Treatment Guidelines for chronic pain note that a satisfactory response to treatment may be indicated by the individual's decreased pain, increased

level of function, or improved quality of life. The medical records provided for review contain documentation that the employee suffers from chronic pain. The medical reports indicate the patient still has pain and there is no indication of improved function. The reporting does not give the needed information requested by MTUS for continued opioid use. The MTUS Chronic Pain Guidelines indicate short acting opioids are appropriate for breakthrough pain when used with other analgesics such as acetaminophen or aspirin. For chronic relief greater than 16 weeks the efficacy is unclear. There is no indication the patient is on other analgesics to use this medication for breakthrough pain. The medical records reviewed do not indicate use of this medication with substantial difference indicated on the pain scale. The request for Oxycodone 15MG #180 is not medically necessary and appropriate.

1 prescription of Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, sleep medication (Zolpidem) .

Decision rationale: The patient has been using Ambien for an extended period of time. Medical records are not clear as to the reason for this medication and it's indications. CA MTUS does not address ambien. Alternate guidelines were used. ODG discusses zolpidem, ambien for short-term treatment of insomnia with difficulty of sleep onset. Guidelines recommend Ambien only for 7 to 10 days. There are significant side effects of the use of this medication. As the patient has been using this medication for a significant amount of time. There is also no indication the patient has issues with falling asleep. He does not have a primary sleep issue, it is stated in the records he as issues of sleep due to pain. Therefore, as the patient has been using the medication long term, and that the guidelines do not recommend long term use of this medication, the request for Ambien is not medically necessary.

1 unknown prescription for unknown medication 100mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There were 249 pages of records reviewed. There is a medication log that has the same dose and quantity as this requested medication, but it was handwritten and illegible. Therefore this medication is still "unknown." Apparently, the medication was not even mentioned in the IMR request or UR denial. As there is no appropriate documentation for this treatment, and the treatment is not identified, it cannot be deemed necessary.