

Case Number:	CM13-0019636		
Date Assigned:	10/11/2013	Date of Injury:	01/18/1998
Decision Date:	02/19/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

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 an 87 year old female with DOI of 1/16/99 with an injury to her right shoulder and neck. Her treatments that it is included physical therapy, shoulder arthroscopy, facet injections, ESI, dentistry, and opiate medications. [REDACTED] has been prescribed since November 2012 at least. She has been Naproxen and Tizanidine as well. Medical legal report dated August 29, 2013 indicates the patient still has exacerbating factors such as prolong sitting, lifting cutting, and bearing down. Her mitigating factors include laying supine, twist sitting, stretching, cervical pillow, cervical collar. Patient on exam does have tenderness on the cervical paraspinal muscles, restricted bilateral shoulder and cervical ranges of motion, positive cervical facet joint and shoulder provocative maneuvers. The note states the patient has a 4/10 pain while on medication and has 8/10 pain without the medication. With this medication, the patient is able to complete activities of daily living, such as personal hygiene, basic food preparation, and home care such as doing laundry etc. The patient shows no signs of abuse or misuse and there is no adverse reaction to this medication. The patient has a current medication contract and UDS is consistent with her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] 30mg 1 tab p.o. b.i.d #60 without refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-83. Decision based on Non-MTUS Citation Ann Intern Med 2007; 146: 116-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: CA MTUS chronic pain guides page 80 discuss the continuation of opioid use. The treating physician states the patient has 50% decrease in pain and give specific examples of how the medication has improved patients function. The patient is still restricted from work and is having pain. The guidelines also recommend a pain contract and random drug testing to evaluate the patient's use of medications. The physician has filled this requirement as well. In addition, there are no side effects or misuse/abuse of this medication. As the treatment has met with guideline criteria, it is appropriate.