

Case Number:	CM13-0037611		
Date Assigned:	06/09/2014	Date of Injury:	02/24/2004
Decision Date:	08/29/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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:

The injured worker is a 44-year-old who reported an injury on February 24, 2004 due to an unknown mechanism of injury. The injured worker's diagnoses included a sprain of the shoulder, elbow, wrist, neck and thoracic regions. The injured worker's treatment history included multiple medications, epidural steroid injections and physical therapy. The injured worker ultimately underwent a fusion surgery at the C5-6 and C6-7 with subsequent hardware removal. The injured worker's chronic pain was managed with opioid therapy. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on September 25, 2013. It was noted that the injured worker had chronic neck pain. It was noted that the injured worker had seen an internal medicine physician, who ran diagnostic studies; however, they did not find a specific etiology for the injured worker's GI distress complaints. Physical findings included tenderness to palpation over the posterior cervical musculature with restricted range of motion and decreased sensation over the posterolateral arms bilaterally. It was noted that the injured worker had decreased global strength in the bilateral upper extremities and decreased grip strength on the right when compared to the left. The injured worker's medications were noted to be OxyContin 40 mg, Vicodin 7.5/500 mg, Norco 10/325 mg, Valium 10 mg, Prilosec 20 mg, Restoril 30 mg, Opana ER 20 mg, Lortab 10/500 mg, MS Contin 30 mg and Remeron 15 mg. The injured worker's diagnoses included lumbar spine myoligamentous injury, cervical postlaminectomy syndrome, status post anterior cervical fusion, reactionary depression and anxiety, bilateral shoulder internal derangement, medication-induced gastritis, status post left knee medial meniscectomy, status post right 2nd toe crush fracture, status post right toe open reduction internal fixation and hypotestosterone. A request was made for a refill of medications and a cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg ninety count: 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 Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 2012. It is noted that the injured worker is routinely monitored for aberrant behavior with CURES reporting and urine drug screens. However, documentation of a quantitative assessment to support a reduction in pain and supportive evidence of increased functional benefit are not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Oxycontin 40 mg ninety count is not medically necessary or appropriate.

Norco 10/325 mg 180 count, provided on September 25, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends that the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 2012. It is noted that the injured worker is routinely monitored for aberrant behavior with CURES reporting and urine drug screens. However, documentation of a quantitative assessment to support a reduction in pain and supportive evidence of increased functional benefit are not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for Norco 10/325 mg 180 count, provided on September 25, 2013, is not medically necessary or appropriate.

Prilosec 20 mg sixty count, provided on September 25, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has complaints of gastrointestinal disturbances. However, it is noted that the injured worker was seen by an internal medicine physician, who could not determine the source of the injured worker's complaints. Furthermore, the injured worker's most recent clinical documentation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that he is at continued risk for developing gastrointestinal events. The Chronic Pain Medical Treatment Guidelines recommends that the use of gastrointestinal protectants be supported by documented risk factors for developing gastrointestinal events related to medication usage. As the clinical documentation does not provide any evidence of current significant risk factors, the continued use of this medication would not be indicated. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested retrospective request for Prilosec 20 mg sixty count, provided on September 25, 2013, is not medically necessary or appropriate.

Saunders cervical home traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The Neck and Upper Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines does not support the use of traction, as there is a lack of high grade scientific evidence to support the efficacy and safety of this type of treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested Saunders cervical home traction unit is not medically necessary or appropriate.

Valium 10 mg sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend the long-term use of benzodiazepines due to a high risk of physiological and psychological

dependence. The clinical documentation submitted for review does indicate that the injured worker has been using this medication since at least 2012. Therefore, ongoing use would not be supported in this clinical situation. Furthermore, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Valium 10 mg sixty count is not medically necessary or appropriate.

Vicodin ES 7.5/750 mg 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends that the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 2012. It is noted that the injured worker is routinely monitored for aberrant behavior with CURES reporting and urine drug screens. However, documentation of a quantitative assessment to support a reduction in pain and supportive evidence of increased functional benefit are not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Vicodin ES 7.5/750 mg 180 count is not medically necessary or appropriate.