

Case Number:	CM13-0044376		
Date Assigned:	12/27/2013	Date of Injury:	09/24/2004
Decision Date:	04/29/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 60-year-old male who was injured on September 24, 2004. The patient continued to experience pain in the neck, right shoulder, low back, and right lower extremity. Physical examination was notable for limited range of motion in the lumbar/cervical spine, generalized lower extremity weakness, and decreased motor strength in the upper extremities greater in the left than the right. MRI of the cervical spine showed multilevel degenerative changes with severe bilateral neuroforaminal narrowing at L4-5 and disc bulge at L5-S1. MRI of the right shoulder revealed tendinopathy of the supraspinatus tendon without definite tear or tendon retraction and findings concerning for superior labral tear. Diagnoses included degenerative disc disease of the cervical spine, post-laminectomy of the cervical spine, degenerative disc disease of the lumbar spine, and shoulder arthralgia/joint pain. Treatment included medications, and psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80 MG, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and an opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for the likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been receiving opioids since at least 2007. There is no documentation that the patient was obtaining analgesia. There is no documentation that the patient had signed an opioid contract or is participating in urine drug testing. The MTUS recommends a maximum daily dose of 120mg morphine equivalents. In this case the patient was on 160-240mg Oxycodone daily with an additional 10/325mg of Norco daily. The total of morphine equivalents is 440-620mg daily. This surpasses the maximum dose recommended by MTUS. As per the above, the request is noncertified.

240 NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and an opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for the likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been receiving opioids since at least 2007. Acetaminophen is recommended for the treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1-2% of patients with overdose. The recommended dose for mild to moderate pain is 650-1000 mg orally every four hours with a maximum of 4g per day. There is no documentation that the patient was obtaining analgesia. There is no documentation that the patient had signed an opioid contract or is participating in urine drug testing. The MTUS recommends a maximum daily dose of 120mg morphine equivalents. In this case the patient was on 160-240mg of Oxycodone daily with an additional 10/325mg of Norco daily. The total of morphine equivalents is 440-620mg daily. This surpasses the maximum dose recommended by MTUS. As per the above, the request is noncertified.

AN ORTHOPEDIC CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Surgical consultation is indicated in patients who have red-flag conditions, activity limitations for more than four months with existences of a surgical lesion, failure to increase range of motion and musculature around the shoulder after an exercise program with the existnec of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. In this case there is no documented decrease in shoulder function, and imaging does not show a defintie surgical lesion. Medical necessity has not been established. The request is noncertified.