

Case Number:	CM13-0047138		
Date Assigned:	12/27/2013	Date of Injury:	08/07/2006
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice 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 43-year-old female who reported an injury on 08/07/2006 due to a fall that reportedly caused injury to the patient's right shoulder, right hand and low back. Previous treatments have included physical therapy, medications, surgical intervention to the shoulder, epidural steroid injections to the lumbar spine and corticosteroid injections to the shoulder. The patient developed chronic low back pain and right shoulder pain that was managed with medications. The patient's most recent clinical evaluation reported that the patient had pain rated at an 8/10 without medications. The patient's medications included Duragesic patches 50 mg every 72 hours, Roxicodone 30 mg six to eight (6 to 8) per day and Restoril 50 mg every night. The patient's physical findings included documentation that the patient had made an attempt to reduce her Roxicodone; however, there was an increase in pain. Additionally, it is noted that the use of Restoril helps the patient with overnight symptoms. The patient's diagnoses included right shoulder pain status post surgery, right carpal tunnel syndrome, low back pain, and status post gastric bypass. Patient's treatment plan included continuation of medications due to lack of side effects and the ability to participate in a walking program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Roxicodone 30mg #300: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend that the continued use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, manage side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review provides evidence that the patient does not have any side effects related to the medication schedule and that the medications allow the patient to participate in a walking program. However, the clinical documentation does not provide any evidence that the patient is monitored for aberrant behavior. Additionally, it is documented that the patient has pain rated at an 8/10 without medications. However, a quantitative assessment of pain relief as a result of medication usage is not provided. Therefore, the efficacy of this medication cannot be determined. As such, the requested one (1) prescription of Roxicodone 30 mg #300 is not medically necessary or appropriate.

One (1) prescription of Restoril 30mg #30: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines do not recommend the long term use of benzodiazepines, due to the significant risk of psychological and physical dependence. The clinical documentation submitted for review indicates that the patient has been on this medication for an extended duration. Therefore, continued use would not be indicated. As such, the requested one (1) prescription of Restoril 30mg #30 is not medically necessary or appropriate.