

<b>Case Number:</b>	CM13-0054489		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/30/2004
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant presents with neck and bilateral shoulder pain following a work-related injury on April 30, 2004. On October 10, 2013 the claimant complains of neck and bilateral shoulder pain radiating into both upper extremities. The pain is associated with spasms in both shoulders and intermittent numbness in the right hand. The claimant also continues to experience intermittent occipital headaches associated with the neck pain. The pain is described as aching, throbbing, and burning. The claimant also complained of sleep impairment. The claimant reported his pain at a level of 8-9 out of 10. He also continues to experience vertigo and periods of blacking out causing him to fall and injure himself when extending his neck. The pain is aggravated by turning his head side-to-side and looking upward. The claimant has a past medical history significant for anxiety and depression. The claimant has a surgical history significant for anterior cervical disc fusion at C6-7. The claimant's current medications include MS Contin 60 mg and Roxicodone 30 mg. The physical exam was significant for limited range of motion in both planes of the cervical spine as well as and movement pain, altered perception of sensation and C6-7 dermatome, +1 reflexes, and tenderness to palpation along the zygapophyseal joints. The claimant was diagnosed with cervical discogenic disease, cervical radiculitis, cervical facet syndrome, status post ACDF C6-7, and anxiety/depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 60MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**Decision rationale:** Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, and/or (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore, the requested medication is not medically necessary.

**ROXICODONE 30MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**Decision rationale:** Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, and/or (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore, the requested medication is not medically necessary.