

Case Number:	CM13-0055513		
Date Assigned:	12/30/2013	Date of Injury:	03/25/1993
Decision Date:	03/17/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, the patient is a 59-year-old injured worker with a 3/25/93 date of injury. The request for authorization was for a prescription of Oxycontin 80mg, 2 tablets by mouth every 8 hours, #180; and prescription of Restoril 30 mg, by mouth at bedtime, #30. There is documentation of subjective finding include chronic neck, low back, bilateral shoulder, and wrist pain. Objective finding include tenderness to palpation midline cervical spine, decreased range of motion with extension with pain, and decreased sensation in bilateral upper extremity/shoulder findings. Current diagnoses are lumbalgia, lumbar radiculopathy, and cervical radiculopathy. Treatment to date includes Oxycontin and Restoril since at least 7/11/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg, 2 tablets by mouth every 8 hours, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): . 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnosis of lumbalgia, lumbar radiculopathy, and cervical radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The request for prescription of Oxycontin 80mg, 2 tablets by mouth every 8 hours, #180 is not medically necessary and appropriate.

Restoril 30 mg, by mouth at bedtime, #30: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term use. Within the medical information available for review, there is documentation of diagnoses of lumbalgia, lumbar radiculopathy, and cervical radiculopathy. However, given documentation of treatment with Restoril since at least 7/11/12, there is no documentation of utilization limited to short-term. The request for prescription of Restoril 30 mg, by mouth at bedtime, #30 is not medically necessary and appropriate.