

Case Number:	CM13-0059996		
Date Assigned:	12/30/2013	Date of Injury:	12/06/1996
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Illinois. 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 50-year-old male who reported an injury on 12/06/1996 after a 2000 pound pool table fell from approximately 4 feet onto the injured worker, causing injury to his neck. The injured worker ultimately underwent fusion from the C3-7, followed by conservative treatment to include postoperative therapy and multiple medications. The injured worker's most recent evaluation dated 10/31/2013 noted that the injured worker had ongoing pain complaints rated at a 4/10 that were partially relieved with medications. It was noted that the injured worker's treatment history included cognitive behavioral therapy and the use of visualization techniques. Physical findings included restricted range of motion of the cervical spine secondary to pain. The injured worker's diagnoses included chronic postoperative pain, obstructive chronic bronchitis, and postlaminectomy syndrome of the cervical spine. The injured worker's treatment plan included continuation of medications and entrance into a program called "Mindfulness Based Stress Reduction" with an associated workbook and audio CD.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF OXYCODONE IR 5MG, #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 requested one (1) prescription of Oxycodone IR 5mg, #300 is not medically necessary or appropriate. The clinical documentation submitted for review indicates that the injured worker has been taking this medication since at least 10/2012. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide a quantitative assessment of pain relief and evidence of functional benefit to support the efficacy of this medication. Therefore, ongoing use is not supported. As such, the requested one (1) prescription of Oxycodone IR 5mg, #300 is not medically necessary or appropriate.

ONE (1) PRESCRIPTION OF PREVACID 30MG, #30 WITH TWO (2) REFILLS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Proton pump inhibitors (PPI's).

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

Decision rationale: The requested one (1) prescription of Prevacid 30mg, #30 with two (2) refills is not medically necessary or appropriate. The clinical documentation indicates that the injured worker has been on this medication since at least 10/2012. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers at risk for development of gastrointestinal events related to medication usage. The injured worker's most recent clinical evaluation does not provide an adequate assessment of the injured worker's gastrointestinal system to support ongoing use of this medication. There is no documentation of complaints of side effects that would benefit from the use of this medication. As there is no way to determine the ongoing risk of development of gastrointestinal disturbances, continued use of this medication would not be supported. As such, the requested one (1) prescription of Prevacid 30mg, #30 with two (2) refills is not medically necessary or appropriate.

MBSR PROGRAM WITH ONE (1) MBSR WORKBOOK AND CD: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Bibliotherapy.

Decision rationale: The requested MBSR program with one (1) MBSR workbook and CD is not medically necessary or appropriate. The clinical documentation submitted for review indicates that the injured worker has already undergone cognitive behavioral therapy and utilizes visualization techniques. The clinical documentation does not support that this type of coping mechanism does not adequately address the injured worker's ability to manage chronic pain. Additionally, specific treatment goals are not provided. The Official Disability Guidelines recommend the use of bibliotherapy for injured workers with mild to moderate depression. However, as there is no documentation to support the need for this type of therapy, and goals and documentation that the injured worker is willing and motivated to participate in this type of therapy are not provided, this type of therapy is not supported. As such, the decision for MBSR program with one (1) MBSR workbook and CD is not medically necessary or appropriate.