

Case Number:	CM13-0060275		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2012
Decision Date:	04/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 46-year-old female with a date of injury of 11/27/2013. The listed diagnoses per [REDACTED] dated 06/13/2013 are: 1. Carpal tunnel syndrome. 2. Cervicalgia. 3. Pain in shoulder. 4. Lumbago. The earliest report provided for review by [REDACTED] is dated 06/13/2013. According to this report, the patient presents with complaints with neck, bilateral shoulder, bilateral arm, elbow, forearm, wrist, hand, hip, and upper mid and low back pain. The patient also complains of weakness in the back, arm, hands, stiffness in the back, swelling in the arm, giving way in the arm/hands, and pain at night. It was noted that patient was initially seen for her injuries by [REDACTED], [REDACTED], and [REDACTED]. The patient was referred to [REDACTED] office for an initial evaluation and treatment. Upon examination, the patient displayed positive objective findings in cervical spine, bilateral shoulder, bilateral hand and wrist, thoracic/lumbar spine, and bilateral hip, which were consistent with her subjective complaints. The treater states the patient has been on Flexeril and Norco 5/325 mg for pain, but "it does not help as much."

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Oxycodone 7.5 mg between 11/14/2013 and 12/29/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: This patient presents with complaints of neck pain, upper mid and low back pain, bilateral shoulder pain, upper arm pain, elbow pain, forearm pain, wrist and hand pain, thumbs and fingers pain, and bilateral hip pain. The treater is requesting oxycodone 7.5 mg #120. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for the medication to work, duration of pain relief with medication, etc. Report dated 01/02/2013 by [REDACTED] states the patient is taking Norco. Report dated 05/17/2013 by [REDACTED] states the patient complains of chronic pain with regular use of narcotic analgesic medication, "It is advised that she discontinue her dependence on narcotics if possible". [REDACTED] subsequently refers the patient to [REDACTED], a psychiatrist and non-interventional pain management specialist. [REDACTED] prescribed Oxycodone upon his initial evaluation on 6/13/13, to a patient who has been on opiates since 1/2/13. Review of the reports show that the patient has been seen by some 5 different providers in a 1-year span. These multiple providers have prescribed opiates with none of them providing any adequate documentation of pain reduction and function. Without the documentation as required by MTUS, on-going opiate use cannot be supported. Recommendation is for denial and slow weaning off of the opiates per MTUS.

30 tablets of Cyclobenzaprine 10 mg between 11/14/2013 and 12/29/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The treater is requesting cyclobenzaprine 10 mg #30. The MTUS Guidelines page 64 states "Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." Medical records provided for review show patient has been prescribed Flexeril since 05/17/2013. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested cyclobenzaprine 10 mg #30 is not medically necessary and recommendation is for denial.

60 tablets of Naproxen 500 mg between 11/14/2013 and 12/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S, Back Pain Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The treater is requesting naproxen 500 mg #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, given the patient's continued complaints of pain, a trial of NSAIDs may be warranted at this time. The requested naproxen is medically necessary and recommendation is for approval.