

Case Number:	CM14-0101191		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2001
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 Nevada. 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 40 year-old male who was reportedly injured on May 1, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated August 7, 2014 indicates that there are ongoing complaints of left shoulder, thoracic and low back pain. The pain is noted is constant, sharp, crappy and stabbing. It is also reported that there is a slight increase in function with the pain medications and the pain level is noted to be 7/10. The physical examination demonstrated tenderness to palpation. Diagnostic imaging studies were not referenced in the progress notes. Previous treatment includes microdiscectomy, disc replacement, lumbar fusion, multiple medications and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg quantity not provided: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

Decision rationale: When noting the date of injury, the multiple surgeries completed, the current physical examination that is essentially unchanged from the previous assessment and the parameters outlined in the California Medical Treatment Utilization Schedule there is no clinical or objective parameters supporting that there has been any functional improvement or decrease in pain levels with this medication. As outlined in the California Medical Treatment Utilization Schedule this is indicated for around-the-clock analgesia however the lowest level possible to increase functional status and ameliorate the pain symptomology is supported. Seeing no improvement, there is no clear clinical indication presented to continue this medication.

Norco 10/325mg quantity not provided: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Soma 350mg quantity not provided: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines-Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The California Medical Treatment Utilization Schedule specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the California Medical Treatment Utilization Schedule against the use of this medication, this medication is not medically necessary.

Lunesta 1mg quantity not provided: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain Chapter (Updated September, 2014)

Decision rationale: As outlined in the Official Disability Guidelines this medication is indicated for sleep disturbance. The progress note indicates the injured worker is able to sleep throughout the night. Therefore, there is no clear clinical indication presented for ongoing use of sleep medications. While it is noted that sleep hygiene is a crucial part of chronic pain management, the subjective narrative is that the injured worker is able to sleep. The clinical basis for this medication is not presented.

Lexapro 20mg quantity not provided: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16; 107.

Decision rationale: The California Medical Treatment Utilization Schedule notes that selective serotonin reuptake inhibitors are not recommended for the treatment of chronic pain, but may be beneficial for the treatment of psychosocial symptoms associated with chronic pain. However, there is no narrative indicating it is the clinical situation. As such, this is not clinically indicated.