

Case Number:	CM14-0010864		
Date Assigned:	02/21/2014	Date of Injury:	05/03/2010
Decision Date:	11/07/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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 43 year old female with a date of injury on 5/3/2010. She is diagnosed with (a) L5-S1 disc degeneration, (b) intermittent bilateral lumbar radiculopathy, (c) left knee degenerative joint disease/internal derangement, (d) bilateral carpal tunnel syndrome, (e) cervical disc degeneration at C3-C4, (f) bilateral cervical radiculopathy, (g) spinal stenosis L3-S1, and (h) status post right open carpal tunnel syndrome. She was seen for an evaluation on February 17, 2014. She presented with complaints of daily and constant neck pain, which was rated 7/10; daily and constant low back, which was rated 7/10; daily and constant bilateral knee pain, which was rated 7/10; daily and constant pain in the bilateral shoulder blades; daily and constant left wrist pain, which was rated 7/10. An examination of the lumbar spine revealed mildly decreased sensation over the left L5 and right L5 dermatome distribution. Gait was antalgic. An examination of the knees revealed tenderness over the medial joint line.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 60MG CR #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77.

Decision rationale: The request for Oxycontin CR 60 mg #90 is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. Clinical case of the injured worker has satisfied neither of these conditions. Also, there were no significant objective findings or decreased pain scores through visual analogue scale to warrant the need for Oxycontin CR 60 mg #90.

CYCLOBENZAPRINE 10MG QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): page(s) 41.

Decision rationale: The request for Cyclobenzaprine 10 mg #30 is not medically necessary at this time. It has been determined from the medical records that the injured worker has been taking cyclobenzaprine since January 2014. This medication is recommended only as an option for a short course of therapy. Hence, continued use of cyclobenzaprine 10 mg #30 is not in accordance with the guidelines.