

Case Number:	CM14-0111525		
Date Assigned:	08/01/2014	Date of Injury:	01/20/2005
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 58 year-old female who was previously employed as a nurse. It is reported that on the date of injury, she was lifting the back of a gurney that would not lock appropriately. She attempted to do this 3 times and subsequently developed left shoulder and neck pain. The available records indicate that the injured worker has a history of lumbar surgery in 1989 and 2011. As a result of the workplace injury, she underwent a C4 through C7 anterior cervical discectomy and fusion (ACDF) in 11/2008. Treatment to date has included trigger point injections, massage, physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS), and cervical epidural steroid injections. A review of the records as provided indicates that the injured worker has a signed pain management contract and is compliant with prescribed medications. The record contains a urine drug screen dated 03/14/2014 confirming the injured worker is compliant with her prescribed medication profile. The record contains a utilization review determination dated 07/14/2014 in which requests for Oxycodone #120, Fentanyl patch #30, Ambien #15, and Soma #90 were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #120: Upheld

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

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

Decision rationale: The submitted clinical records indicate that the injured worker has chronic pain syndrome and failed cervical surgery syndrome as a result of her workplace injury. The records do indicate that the injured worker has a signed pain management contract and is compliant with her treatment protocol. However, the records fail to provide any substantive data from the prescribing provider which establishes the efficacy of this medication. The record does not contain any visual analog scale (VAS) scores or data regarding functional improvements establishing the benefit of this medication. As such, the request does not meet MTUS guidelines for the management of chronic pain and therefore is not medically necessary.

Fentanyl Patch 12mcg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-82.

Decision rationale: The submitted clinical records indicate that the injured worker has chronic pain syndrome and failed cervical surgery syndrome as a result of her workplace injury. The records do indicate that the injured worker has a signed pain management contract and is compliant with her treatment protocol. However, the records fail to provide any substantive data from the prescribing provider which establishes the efficacy of this medication. The record does not contain any visual analog scale (VAS) scores or data regarding functional improvements establishing the benefit of this medication. As such, the request does not meet MTUS guidelines for the management of chronic pain and therefore is considered not medically necessary.

Ambien 5mg #15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

Decision rationale: The submitted clinical records do not provide any substantive documentation regarding sleep disturbance for which this medication would be indicated. It would further be noted per the ODG, Ambien is clinically indicated for a period of one to three weeks for the treatment of acute sleep disturbance. At the normalization of sleep, this medication is to be discontinued. Evidence based guidelines do not support the chronic use of Ambien in the treatment of sleep disturbance and is therefore considered not medically necessary.

Soma 350mg #90: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The submitted clinical records provide no data which establishes that the injured worker has myospasms for which this medication would be indicated. Further, the MTUS does not support the chronic use of Soma given its propensity for abuse and side effects. Based on the information provided, the request is considered not medically necessary.