

Case Number:	CM14-0112781		
Date Assigned:	08/01/2014	Date of Injury:	05/06/2007
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/19/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 65 yo female who sustained an industrial injury on 05/06/2007. The mechanism of injury was not provided for review. Her diagnoses include chronic neck and right shoulder pain with radiation into the right arm. She continues to complain of neck and right shoulder pain. On exam there is decreased range of cervical motion with cervical facet tenderness. There is pain with rotation of the right shoulder. Treatment has included medications including opiates, surgery, and radio-frequency cervical nerve ablation. The treating provider has requested Oxycodone HCL 15mg #120, and Treximet 85/500 #27 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone and Opioids, long term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Oxycodone. Short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic

pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines, there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of opioid medications including Methadone. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. The requested treatment is not medically necessary.

Treximet 85/500mg #27 with 4 refills: Upheld

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

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

Decision rationale: Treximet combines 85 mg of sumatriptan (as the succinate), a selective 5-hydroxytryptamine₁ (5-HT₁) receptor subtype agonist and 500 mg of naproxen sodium a member of the arylacetic acid group of non-steroidal anti-inflammatory drugs (NSAIDs), in one tablet. This drug has a unique RT formulation that allows for the rapid disintegration of the sumatriptan, but it does not affect the disintegration of the naproxen sodium component. It targets nerves and blood vessels believed to trigger a migraine and relieve the inflammation that can cause migraine pain. The patient does not have any diagnosis of migraine headaches. There is no indication for the use of Treximet for the treatment of chronic neck and shoulder pain. Medical necessity for the requested item has not been established. The requested item is not medically necessary.