

Case Number:	CM14-0138420		
Date Assigned:	09/05/2014	Date of Injury:	10/20/2003
Decision Date:	10/21/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine & 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 records, presented for review, indicate that this 61-year-old female was reportedly injured on 10/20/2003. The most recent progress note, dated 06/30/2014, indicated that there were ongoing complaints of cervical spine and bilateral upper extremity pains. The physical examination demonstrated cervical spine, paracervical muscles showed moderate spasm mostly on the left. There was decreased range of motion. Positive Spurling's sign was on the left producing left scapula pain. Shoulder had healed surgical scars on the left shoulder. There was positive tenderness to palpation bilaterally left more than right. Range of motion was with flexion 130, abduction 110 on the right and flexion 110 and abduction 120 on the left. Sensory exam was unremarkable. No recent diagnostic studies are available for review. Previous treatment included left shoulder arthroscopy, and bilateral carpal tunnel release, medications and conservative treatment. A request had been made for OxyContin 20 mg #60 and consultation to pain management and was not certified in the pre-authorization process on 8/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 75, 78, 92, & 97.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include 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 claimant suffers from chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

1 pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127

Decision rationale: MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records documents mild low back discomfort without radicular symptoms at the last office visit but fails to give a clinical reason to transfer care to a pain management specialist. As such, this request is not considered medically necessary.