

<b>Case Number:</b>	CM14-0181270		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Emergency 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 59-year-old male who reported an injury on 06/11/2007. The mechanism of injury was pulling. His diagnoses include thoracic disc degeneration, lumbosacral neuritis and cervicalgia. His past treatments were noted to include physical therapy, bone stimulator, medications, and epidural steroid injections. The diagnostic studies were noted to include an EMG/NCS of the upper extremities on 04/23/2014, which revealed normal findings on the EMG with abnormal NCS findings of severe right median sensory neuropathy at the wrist, mild to moderate left median sensory neuropathy of the wrist, and severe right ulnar sensory neuropathy at the elbow. Additionally, an MRI of the thoracic spine was performed on 04/23/2014 was noted to reveal disc degeneration and T6-7 disc protrusion with mild central spinal stenosis and visual central core compression without edema. His surgical history includes C5 through C7 anterior cervical discectomy and fusion, right shoulder arthroscopic decompression and repair, left shoulder arthroscopic surgery, right cubital tunnel and carpal tunnel release, and left carpal tunnel release. On 09/05/2014, the injured worker reported ongoing cervical and thoracic spine pain that is aggravated with activity and characterized as 5/10 pain that radiates into his upper extremities. He also reported low back pain of 7/10. Physical exam findings of the cervical spine revealed tenderness to palpation of the paraspinals with spasm and restricted range of motion. Additionally, physical exam findings of the lumbar spine revealed tenderness to palpation of the paraspinals with spasm, a positive seated nerve root test, and decreased range of motion. Current medications include unspecified narcotics, NSAIDs, and muscle relaxers. The treatment plan was noted to include a continuation of a home exercise program and medications as well as medication refills. A request was received for pharmacy purchase of medication refills. A rationale was not provided. A Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase for refill of medications:** 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 Opioids Page(s): 78.

**Decision rationale:** The request for pharmacy purchase for refill of medications is not medically necessary. The California MTUS Guidelines recommend documented monitoring for ongoing use of opioids and should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The documentation did indicate chronic ongoing pain and that the injured worker was taking opioids; however, there was insufficient documentation of objective pain relief, discussion of side effects, documented evidence of improved physical and psychosocial functioning, or assessment for aberrant drug related behaviors. Additionally, the request did not indicate the type of medication, dosage or frequency, and number of refills. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for pharmacy purchase for refill of medications is not medically necessary.