

Case Number:	CM14-0046612		
Date Assigned:	07/02/2014	Date of Injury:	02/29/2012
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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 patient is a 65-year-old male with a 2/29/12 date of injury. 3/6/14 Progress note described a prescription for Cialis, Cyclobenzaprine, Diazepam, Cimetidine, Gabapentin. 4/4/14 Progress note described a condition of frozen shoulder and cervicgia. There were complaints of tremor in the hand. There is 15% increased range of motion of the shoulder from PT, however pain is 10/10. The patient was noted to be status post cervical fusion, and has a rotator cuff and labral tear. The patient had tenderness and limited range of motion; reported depression, sleep disturbances, and restless sleep. Treatment plan discussed pain management and continued PT. He was abruptly taken off of all pain management. It was noted that abrupt withdrawal of chronic pain medication could increase health risk for hypertensive crisis, diarrhea, severe pain, and mental compromise. Norco was requested for severe pain to the shoulder and neck, as well as Restoril for insomnia due to chronic pain/cervical spine pain, and shoulder pain. 5/27/14 progress note requested refills of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg (quantity unknown), Refills 0: 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 Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Therapy for Chronic Pain Management.

Decision rationale: Medical necessity for the requested opioid is not established. Although the patient is status post cervical fusion with continued pain, CA MTUS requires documentation of ongoing medication management review, with documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although it is acknowledged that abrupt cessation of opioids is not recommended to risk of withdrawal symptoms, CA MTUS does not support ongoing opioid treatment unless there is concise documentation of ongoing management. There is no documentation of random UDS or a pain contract, as well as documentation of efficacy. In addition, it is unclear why two short acting opioids are utilized. The request is not medically necessary.

Norco 10/325mg (quantity unknown), Refills 0: 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 Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Medical necessity for the requested opioid is not established. Although the patient is status post cervical fusion with continued pain, CA MTUS requires documentation of ongoing medication management review, with documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although it is acknowledged that abrupt cessation of opioids is not recommended to risk of withdrawal symptoms, CA MTUS does not support ongoing opioid treatment unless there is concise documentation of ongoing management. There is no documentation of random UDS or a pain contract, as well as documentation of efficacy. In addition, it is unclear why two short acting opioids are utilized. The request is not medically necessary.

Restoril 30mg (quantity unknown), Refills 3: 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 Page(s): 24.

Decision rationale: Medical necessity for the requested benzodiazepine is not established. With a 2012 date of injury, duration of use has not been discussed. CA MTUS state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is no discussion regarding continued efficacy of this medication. The request is not medically necessary.