

Case Number:	CM14-0048507		
Date Assigned:	07/07/2014	Date of Injury:	07/27/2004
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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 64-year-old male who has submitted a claim for chronic bilateral shoulder pain with insomnia secondary to pain associated with an industrial injury date of July 27, 2004. Medical records from 2008 through 2014 were reviewed, which showed that the patient complained of bilateral shoulder pain, low back pain and bilateral wrist pain. Physical examination revealed full range of motion of the neck. Tenderness of bilateral shoulders was noted. Pain with range of motion of shoulders was noted. There was no focal neurological deficit noted. Treatment to date has included open decompression with distal clavicle resection and rotator cuff repair (1/7/04), capsule labral repair and biceps stump debridement (4/14/05), right shoulder arthroscopy (4/5/06), physical therapy, chiropractic treatment, and medications, which include Norco 10/325mg, Cyclobenzaprine HCl 10mg, Zolpidem 10mg, OxyContin 60mg, and OxyContin 40mg. Utilization review from April 18, 2014 modified the request for OxyContin 60mg #35 to OxyContin 60mg #25 because there was no documented symptomatic or functional improvement from its previous usage. There was no documentation of compliance with the California MTUS opioid recommended guidelines, such as a current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and patient. Utilization review from February 24, 2014 modified the request for Flurazepam 30mg #30 with 3 refills to Flurazepam 30mg #20 without refills because it is not recommended for long-term since long-term efficacy is unproven and there is a risk of dependence. Continuing use of Flurazepam in this 2004 injury case is not supported by the guidelines. Modifications were done for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurazepam 30mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit its use to 4 weeks. The ODG Pain Chapter states that these drugs act synergistically with other drugs such as opioids and mixed overdoses, which are often a cause of fatalities. The risks associated with hypnotics outweigh its benefits. In this case, patient was started on Flurazepam on 1/7/14 however he was previously on Lorazepam 30mg. Patient has exceeded the recommended duration of benzodiazepine use as recommended by guidelines. In addition, there are no progress reports stating the functional gains derived from this medication. Potential risks outweigh the benefits, hence there should be clear documentation regarding functional improvements with its use. Therefore, the request for Flurazepam 30mg #30 with 3 refills is not medically necessary.

Oxycontin 60mg #35: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on OxyContin since at least December 2011. Patient's current opioid medications include OxyContin 60mg and Norco 10/325mg. Specific measures of analgesia, objective improvement and functional improvements, such as improvements in activities of daily living were not documented in the recent progress reports. There was also no documentation of adverse effects or aberrant behaviors. No toxicology screenings are available. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Guideline criteria were not met. Therefore, the request for Oxycontin 60mg #35 is not medically necessary.

