

<b>Case Number:</b>	CM14-0067088		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and 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 59 year-old male was reportedly injured on 12/10/2008. The mechanism of injury is noted as a multi-vehicle motor vehicle accident (MVA), followed by slip and fall when he got out of his vehicle. The injured worker underwent left wrist arthroscopic surgery on 4/16/2009; left shoulder rotator cuff repair on 9/17/2009; left wrist and elbow exploration/debridement surgery on 3/25/2010; anterior cervical discectomy and fusion (ACDF) at C4/5-C5/6 on 1/4/2011, followed by an anterior cervical discectomy and fusion (ACDF) at C3/4 on 8/24/2012. The most recent progress notes dated 4/29/2014 and 5/7/2014, indicate that there are ongoing complaints of contracture/cramping left hand, shoulder pain, neck pain, wrist pain and low back pain. Physical examination demonstrated tenderness over right acromioclavicular joint (AC); positive Mid Arc, Neer, Hawkins and Drop signs/tests on right; limited shoulder range motion bilaterally; shoulder strength: 4/5 right, 5/5 left; tenderness over the cervical/lumbar paraspinal muscles and sacroiliac joints; normal cervical spine range of motion; limited lumbar spine range motion; negative straight leg raising test; positive pump handle test; tenderness to left wrist and elbow with 4/5 strength. No recent diagnostic imaging studies were available for review. Previous treatment includes Temazepam, OxyContin, Nucynta and Baclofen. Right shoulder arthroscopy and debridement with possible open repair was recommended and awaiting certification. A request had been made for OxyContin 60 mg and Toradol 30 mg injection and was not certified in the utilization review on 4/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin, 60 mg:** 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): 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 injured worker suffers from chronic pain; however, there is no documentation of improvement in their 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.

**Toradol 30 mg injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ODG Guidelines support intramuscular Toradol injections as an alternative to opiate therapy. Review of the available medical records document that the injured worker is currently taking short and long-term opioids for chronic pain after an injury in 2008. As such, this request is not considered medically necessary.