

Case Number:	CM14-0081905		
Date Assigned:	07/23/2014	Date of Injury:	09/24/1996
Decision Date:	09/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work-related injury occurring on 09/24/96. He was seen by the requesting provider on 12/31/13 with ongoing right shoulder and neck pain and headaches. Pain was rated at 4/10 with medications and 9/10 without. His past medical history included a history of a cervical fusion in April 1998. He indicated that the branded OxyContin and Vicoprofen worked better than generics. He was considering moving. Medications were OxyContin 20 mg 3-4 times per day #100, Vicoprofen four times per day, and Xanax 1 mg two times per day. Physical examination findings included cervical spine tenderness with decreased range of motion. His medications were refilled. On 02/25/14 pain was rated at 6/10 with medications and 10/10 without. Physical examination findings included right shoulder and cervical spine tenderness with decreased cervical spine range of motion. Vicoprofen #120 was prescribed and his other medications refilled. On 04/22/14 he was having ongoing severe pain. The assessment references not being able to do anything without medications. He had a pain level of 4/10 with medications and 9/10 without. The assessment references the claimant as being able to work installing garage door openers up to 12 hours per day. He was helping with activities of daily living around his home. He indicated again that generic medications had not worked for him. Physical examination findings are referenced as unchanged. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 1 QID #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 79, 86.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic neck and shoulder pain and headaches. He is status post cervical spine fusion in 1998. Medications are documented as decreasing pain when taken. The claimant is noted to being able to work installing garage door openers up to 12 hours per day and help with activities of daily living around his home. Branded medications are being prescribed. In this case, the claimant's prescribed daily dose and the quantity being requested are not consistent. The claimant is prescribed Vicoprofen four times per day but a quantity equivalent to six times per day was prescribed. Although pain relief and improved function are documented, the prescribed opioid dose at this quantity is at a total morphine equivalent dose in excess of 120 mg per day which is not recommended. Therefore, Vicoprofen 1 QID #240 is not medically necessary.

Xanax 1mg BID #120: Upheld

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

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

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic neck and shoulder pain and headaches. He is status post cervical spine fusion in 1998. Medications are documented as decreasing pain when taken. The claimant is noted to being able to work installing garage door openers up to 12 hours per day and help with activities of daily living around his home. Branded medications are being prescribed. Xanax (Alprazolam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Xanax is not medically necessary.

OxyContin 20mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 86.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic neck and shoulder pain and headaches. He is status post cervical spine fusion in 1998. Medications are documented as decreasing pain when taken. The claimant is noted to being able to work installing garage door openers up to 12 hours per day and help with activities of daily living around his home. Branded medications are being prescribed. In this case, the claimant's prescribed daily dose and the quantity being requested are not consistent. The claimant is prescribed OxyContin 20mg #200 3-4 four times per day but a quantity equivalent to 6-7 times per day was prescribed. Although pain relief and improved function are documented, the prescribed opioid dose at this quantity is at a total morphine equivalent dose in excess of 120 mg per day which is not recommended. Therefore, OxyContin 20mg #200 is not medically necessary.