

Case Number:	CM14-0087306		
Date Assigned:	07/23/2014	Date of Injury:	06/26/2003
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/10/2014

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 Montana. 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 machine operator with a date of injury of 6/26/03. The mechanism of injury involved loading coils weighing approximately 30-80 pounds with gradual onset of pain in the neck, right shoulder and right upper extremity. He would eventually be diagnosed with cervical radiculitis/neuritis, myofascial pain, bilateral carpal tunnel syndrome and upper extremity pain worse on the right. He would have a cervical fusion performed in January 2011 and had 2 shoulder operations in 2005 and 2012. His current complaints include severe right neck, shoulder and scapular pain as well as right upper extremity and wrist pain. Treatment has included physical therapy for both the neck and shoulder, TENS unit, psychotherapy and psychiatric treatment, and multidisciplinary functional restoration program. Medication management has included long-term use of opioid medications, having been on OxyContin and Percocet for at least 2 years. He last worked in October 2009. The primary treating physician has requested Ativan 2 mg #90 with 3 refills and OxyContin 30 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2 mg #90 X 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66 and 124.

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

Decision rationale: Ativan is a benzodiazepine type of medication. The MTUS notes that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limiting use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsants, and muscle relaxant. Chronic benzodiazepines are the treatment of choice and very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the request for Ativan 2 mg #90 with 3 refills, to be used for insomnia, is not supported in the MTUS guidelines and is not medically necessary.

Oxycontin 30 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 75, 87, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-83, 92.

Decision rationale: The MTUS notes that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. OxyContin is a long acting form of oxycodone which is a pure agonist. In this case the OxyContin is used as part of a treatment regimen for severe chronic pain. OxyContin is indicated for management of moderate to severe pain when a continuous, around-the-clock analgesic as needed for an extended period of time. OxyContin tablets are not intended for use as a prn analgesic. The utilization review noted that the medical file did not document how long he has been on OxyContin, plans of weaning, compliance testing or efficacy. The records provided and reviewed document use of OxyContin for at least 2 years and Percocet for considerably longer. Attempts to decrease use of oxycodone were made through a multidisciplinary functional restoration program without success. The records document ongoing use of opioid medication to maintain some level of functional ability. Urine drug testing has been appropriately performed and confirms use of medications as prescribed. For the reasons noted above I am reversing the prior UR decision. The request for OxyContin 30 mg #60 is medically necessary.