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| Case Number: | CM14-0088506 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 07/01/2009 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 05/14/2014 |
| Priority: | Standard | Application Received: | 06/12/2014 |

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 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:

This patient is a 44 year old female who has developed a chronic pain syndrome subsequent to an injury dated 7/1/09. She has been diagnosed with chronic neck pain, head pain and upper extremity pain, depression, anxiety and a panic disorder. She has been treated with a left shoulder surgery/decompression, cervical foraminotomy, epidural injections, facet rhizotomies and oral analgesics. Her pain is generally rated at an 7/10 VAS and it is stated that the medications allow about a 50% improvement in pain and allow her to perform her ADLs. Current medications include Hydrocodone 10/325 mg TID, Oxycodone 10/325 qhs, Ibuprofen 800mg. prn, Ativan, Klonopin and Xanax. An Orthopedic AME questioned the utility of continued medications. A urine drug screen was postivit for cocaine which she denied use of. Subsequent and prior urine drug screens were consistent with medications. She was utilizing # 4 Hydrocodone per day, but decreased to #3 per day when the Oxycodone was initiated. Pain relief was stated to be much improved with this change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Continue Page(s): 80.

Decision rationale: The MTUS Guidelines supports the judicious use of opioids if the dose is minimized as much as possible and there are improvements in pain/function. This patients use of opioids is quite minimal and there was diminished use of one opioid when another one was introduced at a very limited amount. There is no history of addictive behaviors and pain relief is reported to be meaningful with support of ADL's. If circumstances change this may need to be re-reviewed. However, at this point in time this patient currently meets Guideline standards for limited use of opioids. The Hydrocodone 10/325 #90 per month is medically necessary.

Percocet 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Continue Page(s): 80.

Decision rationale: The MTUS Guidelines supports the judicious use of opioids if the dose is minimized as much as possible and there are improvements in pain/function. This patients use of opioids is quite minimal and there was diminished use of one opioid when another one was introduced at a very limited amount. There is no history of addictive behaviors and pain relief is reported to be meaningful with support of ADL's. If circumstances change this may need to be re-reviewed. However, at this point in time this patient currently meets Guideline standards for limited use of opioids. The Oxycodone 10/325 #30 per month is medically necessary.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The MTUS Guidelines supports the use of NSAIDS for short term symptomatic relief for many pain conditions. If there is a component of inflammation i.e. arthritis, long term use is mildly supported. With this patients shoulder diagnosis and neck diagnosis there is a mixed picture of inflammatory and neuropathic pain. The Ibuprofen 800mg #90 is medically necessary.