

Case Number:	CM14-0092833		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2004
Decision Date:	09/26/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family 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 injured worker is a 49 year old male who suffered a work related injury on 10/01/04. He was climbing on to a truck to unload supplies, as he climbed on, the fork of a forklift hit him in the back and the upper part of his back and right shoulder with immediate pain, denied any loss of consciousness. He went to the emergency room for evaluation treatment. The patient underwent C5 to C6 anterior cervical discectomy and fusion (ACDF), with shoulder surgery, carpal tunnel release, underwent physical therapy, functional restoration program. Most recent clinical documentation submitted for review was dated 07/31/14 the injured worker complained of chronic pain in his neck, shoulders, and low back; paresthesias in his hands. He requested new wrist brace, current ones were worn out. Prior treatment includes used soft cervical collar, walked with two canes or walker, pain management. Physical examination revealed positive Tinel both wrists, very limited range of motion both shoulders. Neck very guarded and limited in range of motion, and decreased peripheral sensation in bilateral digits. Diagnoses, cervical disc herniation C5 to C6 status post cervical fusion, severe degenerative disc disease lumbar spine. Bilateral shoulder impingement syndrome, status post left shoulder arthroscopy, right shoulder glenohumeral joint osteoarthritis, bilateral carpal tunnel syndrome, status post left carpal tunnel release. Prior utilization review on 06/14/14 modified Oxy immediate release (IR) 15 milligrams, and cognitive behavioral therapy that he modified to four sessions. I did not see any note documenting the patient went to therapy and if so what was the outcome. Reviewing the records I did not see any visual analog scale (VAS) scores recorded with and without medication, or if there was functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 15mg, qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Lorzone 750mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity of this medication cannot be established at this time.

6 sessions of Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Psychological treatment.

Decision rationale: The request for six sessions of cognitive behavioral therapy is not medically necessary. Prior utilization review on 06/14/14 modified the request for cognitive behavioral therapy to four sessions. There has been no clinical evidence submitted showing that the injured worker has attended those sessions. Therefore medical necessity has not been established.