

Case Number:	CM15-0007660		
Date Assigned:	01/26/2015	Date of Injury:	10/01/2004
Decision Date:	03/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old man sustained an industrial injury on 10/1/2004. The mechanism of injury is not detailed. Current diagnoses include chronic pain syndrome, other testicular hypofunction, adjustment reaction with prolonged depressive reaction, carpal tunnel syndrome, pain in joint involving shoulder region, and post cervical laminectomy. Treatment has included oral medications, home exercise program, and surgical intervention. Physician notes on a PR-2 dated 12/2/2014 show the worker using a front wheeled walker with bilateral wrist braces and a cervical collar. The worker complains of pain throughout the back and upper extremities and knees and states that it is in the same areas and at the same intensity. However, no pain rating is documented. There is mention of still waiting authorization for cognitive behavior therapy. There is notation that the worker has trialed Gralise, however discontinued it as it increased twitching of the upper extremities, failed Gabapentin, and discontinued acupuncture after three visits due to increased pain. The plan includes refilling Oxy IR, Naproxen and Skelaxin, send a request for authorization for cognitive behavior therapy, continue home exercise program and diet, continue non-industrial basis for psychological/psychiatric support, and use cervical collar minimally. The claimant had been on Oxy IR since at least 2012 and NSAIDs (including Celebrex) since 2013. In December 2014, the claimant's pain remained 9/10. On 1/9/2015, Utilization Review evaluated prescriptions for Oxy IR 15mg #180 and Naproxen 500 mg #60, that were submitted on 1/13/2015. The UR physician noted that the worker should begin a tapering regimen for the Oxy IR. No rationale is available for denying the Naproxen as the UR is missing a page. The

MTUS, ACOEM (or ODG) Guidelines was cited. The requests were denied and subsequently appealed to independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxy IR 15mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxy IR is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxy IR for over 2 years without significant improvement in pain or function. Long term use can lead to tolerance and addiction as well as hypogonadism as is in this case. The continued use of Oxy IR is not medically necessary.

1 prescription for Naproxen 500mg, #60: 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 NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had a high level of pain recently. Continued use of Naproxen is not medically necessary.