

Case Number:	CM15-0105068		
Date Assigned:	06/09/2015	Date of Injury:	12/30/2003
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female, who sustained an industrial injury on 12/30/03. She reported right shoulder and neck pain after falling on snow and ice. The injured worker was diagnosed as having chronic pain syndrome, failed cervical laminectomy syndrome, likely cervical radiculopathy and right shoulder subacromial bursitis. Treatment to date has included cervical fusion, oral medications including opioids, right shoulder injection, activity restrictions and home exercise program. Currently, the injured worker complains of pain in right shoulder and neck and continued sadness/depression. Physical exam noted restricted range of motion in all vectors of cervical spine and left shoulder along with severe paravertebral muscle spasms and trigger points to bilateral cervical paravertebral musculature and severe pain to subacromial bursa of left shoulder. The treatment plan included decreasing OxyContin and awaiting drug detox program to be approved by insurance. A request for authorization was submitted for inpatient rehab 30 day program and Ibuprofen, OxyContin and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient rehabilitation (drug detoxification program) quantity: 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation http://www.anthem.com/ca/provider/f1/s0/t0/pw_a115176.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: The claimant sustained a work-related injury in December 2003 and continues to be treated for right shoulder and neck pain. When seen, there was decreased range of motion with muscle spasms and trigger points. MS Contin was being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. The claimant wanted to discontinue opioid medications and a slow taper was started. The note references decreasing OxyContin to 30 mg Q12 hours, apparently in error. Guidelines recommend weaning of medications on an outpatient basis unless the individual is a high-dose medication user or has a history of polydrug abuse in which case in-patient detoxification may be needed. In this case, the claimant's MED (morphine equivalent dose) is less than 120 mg per day and there is no evidence of failure of outpatient weaning. The request for inpatient detox is not medically necessary.