

Case Number:	CM15-0139088		
Date Assigned:	07/30/2015	Date of Injury:	06/27/2007
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old, male who sustained a work related injury on 6-27-07. The diagnoses have included chronic pain syndrome, drug dependence, other pain disorder, pain in shoulder joint and pain in thoracic spine. Treatments have included thoracic epidural steroid injections, ilioinguinal nerve block, acupuncture and oral medications. In the Visit Note dated 4-17-15, the injured worker reports ongoing right shoulder, neck, ankle, low back, groin and abdominal pain. He rates the pain level a 7-8 out of 10. He has an ilioinguinal nerve block, which gave him 70% testicular pain relief after 5 days. He has a positive Tinel's sign over right ilioinguinal nerve. Without medications, he is unable to participate in even minimal activities of daily living. Seroquel being taken for pain. He is not working. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone HCl ER 40mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2007 with chronic pain syndrome, drug dependence, and pain in the shoulder joint and thoracic spine. Without medicines, it is reported the claimant cannot participate in minimal activities of daily living. The Seroquel is being given for pain. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.

Seroquel 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress: Atypical Antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Seroquel.

Decision rationale: As previously shared, this claimant was injured in 2007 with chronic pain syndrome, drug dependence, and pain in the shoulder joint and thoracic spine. Without medicines, it is reported the claimant cannot participate in minimal activities of daily living. The Seroquel is being given for pain. Per the Physician Desk Reference, this is a medicine for Schizophrenia and bipolar disorder. The patient has neither condition, based on review of the records. Its use for pain is off label, and unsupported with mainstream evidentiary studies. The request is non-certified.