

Case Number:	CM15-0145135		
Date Assigned:	08/06/2015	Date of Injury:	09/19/2008
Decision Date:	09/24/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on September 19, 2008. The injured worker was diagnosed as having cervical radiculopathy, left shoulder traumatic arthritis, left shoulder glenohumeral joint traumatic instability, left shoulder supraclavicular pain of unknown origin, and right shoulder pain secondary to supraspinatus tendinosis. Treatments and evaluations to date have included epidural steroid injection (ESI), MRIs, physical therapy, right knee surgery, left shoulder surgery, TENS, electromyography (EMG), and medication. Currently, the injured worker reports an increase in pain in the cervical spine with exercising, paresthesia to the left upper extremity, and the new onset of fleeting paresthesias to the bilateral lower extremities. The Primary Treating Physician's report dated July 1, 2015, noted the injured worker rated his cervical spine pain as 4 out of 10 with medication of Oxycontin, Ibuprofen, Gabapentin, and Norco. The injured worker reported that without his medication he was homebound in bed rating his pain as 10 out of 10, with current pain 6-7 out of 10. Physical examination was noted to show spasm at the paracervicals with tenderness to palpation at the paracervicals, Sternocleidomastoid muscle (SCM), and scalene muscles, and guarded range of motion (ROM) due to pain. The treatment plan was noted to include requests for authorization for Oxycontin, Norco, Gabapentin, Ibuprofen, and Docusate. The injured worker was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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 Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Norco 10/325mg #60. The treating physician states in the report dated 7/1/15, Rates cervical spine 4/10 with medication. Norco 10/325 one PO BID. Without pain medication he is homebound in bed. (14B) for chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.

Gabapentin 600mg #60 with 2 refills: Overturned

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 Gabapentin Page(s): 49.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Gabapentin 600mg #60 with 2 refills. The treating physician states in the report dated 7/1/15, Gabapentin 600mg one PO BID. (14B) The MTUS guidelines state effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case the treating physician has documented that the patient has complaints of paresthesia affecting upper bilateral extremities. The current request is medically necessary.

Oxycontin 40mg #60: Overturned

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 Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Oxycontin 40mg #60. The treating physician states in the report dated 7/1/15, Rates cervical spine 4/10 with medication. Oxycontin 40mg one PO BID. Without pain medication he is homebound in bed. (14B) for chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.