

<b>Case Number:</b>	CM15-0147448		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: North Carolina, Georgia  
 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 is a 47 year old male with a December 6, 2007 date of injury. A progress note dated July 14, 2015 documents subjective complaints (pain in the left shoulder, neck and back; pain rated at a level of 5 out of 10 at its worst in the past week, 4 out of 10 at its best, and 4 out of 10 on average; pain associated with fatigue, swelling, locking and weakness; difficulty with activities of daily living), objective findings (trigger points palpated in the splenius capitus and quadratus lumborum bilaterally; decreased range of motion of the bilateral shoulders; weakness of the bilateral shoulders; paresthesias to light touch in the first and second digits on the right; positive apprehension test of the left shoulder), and current diagnoses (cervical disc degeneration; cervical disc displacement without myelopathy; frozen shoulder). Treatments to date have included medications and shoulder surgeries. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included OxyContin 60mg #30, OxyContin 80mg #60, Oxycodone HCL 30mg #90, and a spinal Q dynamic support vest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83.,86,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as oxycontin 60 mg #30, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. According to the record the claimant can neither sit nor stand for more than 5 minutes at a time because of pain while using the current doses of opioids. The record details concerns about use of narcotics and a non-specific plan to adjust/wean opioids. Given the lack of evidence of substantive pain relief or improvement in function, the record does not support medical necessity of ongoing opioid therapy with oxycontin 60 mg #30. The original UR review allowed a modified approval to allow for weaning. I am upholding the original UR review. The request is not medically necessary.

**Oyxcontin 80mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83.86,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as oxycontin 80 mg #60, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. According to the record the claimant can neither sit nor stand for more than 5 minutes at a time because of pain while using the current doses of opioids. The record details concerns about use of narcotics and a non-specific plan to adjust/wean opioids. Given the lack of evidence of substantive pain relief or improvement in function, the record does not support medical necessity of ongoing opioid therapy with oxycontin 80 mg #60. The original UR review allowed a modified approval to allow for weaning. I am upholding the original UR review. The request is not medically necessary.

**Oxycodone HCL 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83,86,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as oxycodone 30 mg #90, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. According to the record the claimant can neither sit nor stand for more than 5 minutes at a time because of pain while using the current doses of opioids. The record details concerns about use of narcotics and a non-specific plan to adjust/wean opioids. Given the lack of evidence of substantive pain relief or improvement in function, the record does not support medical necessity of ongoing opioid therapy with oxycodone 30 mg #90. The original UR review allowed a modified approval to allow for weaning. I am upholding the original UR review. The request is not medically necessary.

**Spinal Q Dynamic support vest:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar support.

**Decision rationale:** CA MTUS addresses the use of lumbar support in the chapter on low back complaints. Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG addresses use of lumbar support in the section on Low Back and states that lumbar support may be indicated in cases of compression fracture, spondylolithesis and documented instability. In this case, the injury was over a year ago, is no longer in the acute phase of management, and there is no documentation of any compression fracture, spondylolithesis or instability. Lumbar support is not medically necessary.