

Case Number:	CM15-0200399		
Date Assigned:	10/15/2015	Date of Injury:	08/31/2007
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 8-31-07. Medical records indicate that the injured worker is undergoing treatment for cervical pain and shoulder pain. The injured worker was noted to be permanent and stationary. The injured workers current work status was not identified. On (9-30-15) the injured worker complained of neck and left shoulder pain. The right shoulder and trapezius region caused the injured worker pain especially with movement and driving. The pain was rated 5 out of 10 with medications and 7 out of 10 without medications on the visual analogue scale. The injured workers quality of sleep was noted to be fair and her activity level remained unchanged. Examination of the bilateral shoulders revealed no swelling, deformities or atrophy. No limitation was noted with range of motion. Special orthopedic testing was negative. Tenderness was noted over the bilateral trapezius muscles. Subsequent progress reports (9-2-15 and 7-13-15) indicate injured workers pain levels varied from 4-8 with medications. Treatment and evaluation to date has included medications, radiological studies, urine toxicology screening, a psychological pain assessment, lumbar epidural steroid injections, steroid injections to the knee, physical therapy (unspecified amount), transcutaneous electrical nerve stimulation unit, home exercise program, lumbar fusion and a right knee replacement. A progress note dated 6-15-15 noted that the injured workers prior physical therapy provided mild to moderate pain relief. Current medications include Meloxicam (since at least June of 2015), Oxycodone-acetaminophen (since at least June of 2015), Oxycontin (since at least June of 2015), Pennsaid, Ambien, Cyclobenzaprine, docusate sodium, Ibuprofen, levothyroxine, Lorazepam and Mirtazapine. The

request for authorization dated 10-1-15 included requests for Oxycodone-acetaminophen 10-325 mg # 60, Oxycontin 40 mg # 60 and Meloxicam 15 mg # 30. The Utilization Review documentation dated 10-7-15 non-certified the requests for Oxycodone-acetaminophen 10-325 mg # 60, Oxycontin 40 mg # 60 and Meloxicam 15 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 10/325mg 1 twice daily x 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. The IW has been taking this medication for a minimum of 6 months. The documentation does not discuss functional improvement with the use of this medication. There is no discussion of toxicology reports included in the record. Without the support of the documentation or adherence to the guidelines, the request for opiate analgesia is not medically necessary.

OxyContin 40mg 1 twice daily x 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking this medication for a minimum of 6 months. The documentation does not discuss functional improvement with the use of this medication. There is no discussion of toxicology reports included in the record. Without the support of the documentation or adherence to the guidelines, the request for opiate analgesia is not medically necessary.

Meloxicam 15mg 1 daily x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Additionally, the request is specific for Meloxicam. According to the guidelines, meloxicam is indicated for the treatment of osteoarthritis. Other uses are considered off label. The IW does not have a diagnosis of osteoarthritis. Without the support of the documentation or adherence to the guidelines, the request for Meloxicam is not medically necessary.

Physical therapy 6 sessions for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. This request is for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. Analgesic medications were renewed without any mention of decreasing dosing or frequency. There is no documentation to assess activities of daily living. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." There is no mention of a home PT program in the records. The request for 6 PT visits is not medically necessary.