

Case Number:	CM15-0023021		
Date Assigned:	02/12/2015	Date of Injury:	08/12/2006
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 58-year-old female who reported an injury on 08/12/2006 due to an unspecified mechanism of injury. On 11/24/2014 she presented for a follow-up evaluation reporting ongoing debilitating pain in the neck that radiated into both upper extremities. She rated her neck pain at a 9/10 but stated that with her medication regimen it was manageable. She rated her pain at the day of the visit at a 6/10 in intensity. She also continued to comp of lower back pain. Her medications included OxyContin 20 mg twice a day, Norco 10/325 mg 4 to 6 tablets a day, Prilosec 20 mg twice a day as needed, Ambien CR 12.5 mg 1 tablet at bedtime, Cymbalta 60 mg 1 tablet daily, and Lyrica 100 mg 4 times a day as needed. It was noted that her urine drug screen was consistent with her medication regimen. A physical examination showed tenderness along the cervical spine with palpable trigger points and limited left shoulder abduction secondary to back pain. There was also a positive Tinel's at the left wrist with thenar and hypothenar muscle atrophy bilaterally. There was also decreased grip strength on the left when compared to the right, and diminished sensation along the posterolateral aspect of the left arm and forearm. Examination of the lumbar spine showed tenderness to palpation with decreased range of motion and diffuse rigidity along the lumbar paraspinal muscles bilaterally. The treatment plan was for oxycodone 20 mg #60, Prilosec 20 mg #60, and Norco 10/325 mg #60. The rationale for treatment was to continue alleviating the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. While it was noted that the injured worker had a quantitative decrease in pain and reported an improvement in function with the use of her medication regimen, official urine drug screens were not provided for review to validate that she has been compliant with her medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy or for those at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not indicate that the injured worker has dyspepsia secondary to NSAID therapy or that she is at high risk for gastrointestinal events due to NSAID therapy. Also, the frequency of the medication was not stated within the request, and her response to this medication was not clearly documented. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should be performed during opioid therapy. While it was noted that the injured worker had a quantitative decrease in pain and reported an improvement in function with the use of her medication regimen, official urine drug screens were not provided for review to validate that she has been compliant with her medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.