

Case Number:	CM15-0224498		
Date Assigned:	11/20/2015	Date of Injury:	09/27/2007
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male with an industrial injury dated 09-27-2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervicobrachial syndrome, rotator cuff impingement tendonitis, rotator cuff tear on the right, status post left wrist fracture with open reduction internal fixation (ORIF), carpal tunnel syndrome on the left, status post lumbar laminectomy, failed back surgery syndrome, lumbar radiculitis, and chronic pain syndrome. According to the progress note dated 10-27-2015, the injured worker reported back, right shoulder and left wrist pain. Pain level was 8 out of 10 on a visual analog scale (VAS). The pain is aggravated with twisting and bending of the head and neck, pushing, pulling, reaching and lifting. Prolonged standing, walking, twisting and bending at the waist has been problematic for the injured worker. The injured worker reported at least 50% improvement with medication with pain reduction and maximizing function. The injured worker reported moderate difficulty with activities of daily living. Current Medications include Seroquel, Gabapentin, Oxycodone, Fentanyl, Docusate Sodium, Zanaflex, Omeprazole, Metformin, Aspirin, Glipizide Er, and Simvastatin. Objective findings (10-27-2015) revealed decreased cervical and lumbar lordosis, positive crepitus with shoulder range of motion, paresthesias in bilateral hands and medial and lateral calves, positive Hawkin's test, positive speed test, positive Tinel's test, positive Finkelstein test, positive sacroiliac (SI) joint compression test and positive slump test. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The injured worker is permanently disabled. The treatment plan included medication management and referral. The treating physician prescribed Oxycodone HCL 10mg #90,

Embeda 20-0.8mg #30 and Lorazepam 1mg #30. The utilization review dated 11-10-2015, modified the request to a one month supply for weaning purposes (original request: Oxycodone HCL 10mg #90, Embeda 20-0.8mg #30 and Lorazepam 1mg #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2007 when he had right shoulder and lumbar spine pain while attempting to prevent a patio door from falling. He underwent right shoulder surgery in February 2008 and a posterior lumbar decompression and fusion in July 2009. He had two subsequent right shoulder surgeries in October 2009 and October 2011 and two subsequent lumbar spine surgeries were done in July 2010 and March 2013. He had left wrist surgery in July 2012 after falling and sustaining a left distal radius fracture. A left carpal tunnel release was done in November 2013. A spinal cord stimulator was implanted in November 2014 but was not helpful. Attempts at repositioning the stimulator were unsuccessful. He was seen for QME psychological reevaluation in April 2015. He had no history of problems with alcohol or drugs and was unaware of any family member having a drug or alcohol problem. When seen by the requesting provider in October 2015 he was having back, right shoulder, and left wrist pain which was rated at 8/10. He had been out of medications for a week or two. There had been problems with scheduling due to the provider's unavailability. Medications are referenced as helpful and effective by at least 50% and decreasing pain as well as maximizing his function. Review of systems was positive for constipation, abdominal pain, and feeling depressed and anxious. Physical examination findings included crepitus with shoulder range of motion. There was a decreased cervical and lumbar lordosis. He had decreased left wrist range of motion. There were bilateral upper extremity paresthesias. He had decreased upper and lower extremity strength. Tinel's and Finkelstein testing was positive on the left side. Impingement testing of the shoulders was positive bilaterally. Apprehension and Speeds testing on the right was positive. Slump and sacroiliac joint compression testing was positive bilaterally. There was a slightly antalgic gait. Oxycodone, Embeda, and lorazepam are being requested. The total MED (morphine equivalent dose) is 65 mg per day. Oxycodone is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Embeda 20/0.8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Embeda (morphine/naltrexone).

Decision rationale: The claimant sustained a work injury in September 2007 when he had right shoulder and lumbar spine pain while attempting to prevent a patio door from falling. He underwent right shoulder surgery in February 2008 and a posterior lumbar decompression and fusion in July 2009. He had two subsequent right shoulder surgeries in October 2009 and October 2011 and two subsequent lumbar spine surgeries were done in July 2010 and March 2013. He had left wrist surgery in July 2012 after falling and sustaining a left distal radius fracture. A left carpal tunnel release was done in November 2013. A spinal cord stimulator was implanted in November 2014 but was not helpful. Attempts at repositioning the stimulator were unsuccessful. He was seen for QME psychological reevaluation in April 2015. He had no history of problems with alcohol or drugs and was unaware of any family member having a drug or alcohol problem. When seen by the requesting provider in October 2015 he was having back, right shoulder, and left wrist pain which was rated at 8/10. He had been out of medications for a week or two. There had been problems with scheduling due to the provider's unavailability. Medications are referenced as helpful and effective by at least 50% and decreasing pain as well as maximizing his function. Review of systems was positive for constipation, abdominal pain, and feeling depressed and anxious. Physical examination findings included crepitus with shoulder range of motion. There was a decreased cervical and lumbar lordosis. He had decreased left wrist range of motion. There were bilateral upper extremity paresthesias. He had decreased upper and lower extremity strength. Tinel's and Finkelstein testing was positive on the left side. Impingement testing of the shoulders was positive bilaterally. Apprehension and Speeds testing on the right was positive. Slump and sacroiliac joint compression testing was positive bilaterally. There was a slightly antalgic gait. Oxycodone, Embeda, and lorazepam are being requested. The total MED (morphine equivalent dose) is 65 mg per day. Embeda (morphine/naltrexone) is recommended as an option for patients who are at risk for abuse of opioids and is only recommended for opioid tolerant patients. In this case, there is no history of aberrant drug use. The claimant had run out of medications due scheduling difficulty with the treating provider. If there was concern, then oxycodone, which was also requested would not have been appropriate and Embeda would not mitigate abuse of that medication. Embeda is not considered medically necessary.

Lorazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in September 2007 when he had right shoulder and lumbar spine pain while attempting to prevent a patio door from falling. He underwent right shoulder surgery in February 2008 and a posterior lumbar decompression and fusion in July 2009. He had two subsequent right shoulder surgeries in October 2009 and October 2011 and two subsequent lumbar spine surgeries were done in July 2010 and March 2013. He had left wrist surgery in July 2012 after falling and sustaining a left distal radius fracture. A left carpal tunnel release was done in November 2013. A spinal cord stimulator was implanted in November 2014 but was not helpful. Attempts at repositioning the stimulator were unsuccessful. He was seen for QME psychological reevaluation in April 2015. He had no history of problems with alcohol or drugs and was unaware of any family member having a drug or alcohol problem. When seen by the requesting provider in October 2015 he was having back, right shoulder, and left wrist pain which was rated at 8/10. He had been out of medications for a week or two. There had been problems with scheduling due to the provider's unavailability. Medications are referenced as helpful and effective by at least 50% and decreasing pain as well as maximizing his function. Review of systems was positive for constipation, abdominal pain, and feeling depressed and anxious. Physical examination findings included crepitus with shoulder range of motion. There was a decreased cervical and lumbar lordosis. He had decreased left wrist range of motion. There were bilateral upper extremity paresthesias. He had decreased upper and lower extremity strength. Tinel's and Finkelstein testing was positive on the left side. Impingement testing of the shoulders was positive bilaterally. Apprehension and Speeds testing on the right was positive. Slump and sacroiliac joint compression testing was positive bilaterally. There was a slightly antalgic gait. Oxycodone, Embeda, and lorazepam are being requested. The total MED (morphine equivalent dose) is 65 mg per day. Lorazepam is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.