

Case Number:	CM15-0037964		
Date Assigned:	03/06/2015	Date of Injury:	08/12/2003
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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, Washington

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 67-year-old male who reported an injury on 08/12/2003. The mechanism of injury was not stated. The current diagnoses include bilateral carpal tunnel syndrome, bilateral shoulder impingement with osteoarthritis and status post ACDF at C4-5 in 1991. The injured worker presented on 02/19/2015 for a follow-up evaluation with complaints of persistent arm pain and neck pain. The injured worker was utilizing Norco and OxyContin. It was noted that the injured worker continued to work secondary to the effectiveness of the current medication regimen. Upon examination, there was tenderness to palpation along the cervical paraspinal muscles and periscapular region, multiple trigger points, a well healed surgical scar, negative Tinel's sign, intact sensation and 160 degree forward flexion and abduction of the shoulder. Recommendations included continuation of OxyContin 10 mg and Norco 10/325 mg. A Request for Authorization form was then submitted on 02/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg, 1 po q 8-12hrs prn, #90 (No refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized the above medications since at least 06/2014. There is no documentation of objective functional improvement. There is no mention of a written consent or agreement for chronic use of an opioid. Previously run toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically appropriate.

Norco 10/325 1 q 12hrs prn, #60 (No refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized the above medications since at least 06/2014. There is no documentation of objective functional improvement. There is no mention of a written consent or agreement for chronic use of an opioid. Previously run toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically appropriate.