

Case Number:	CM15-0041930		
Date Assigned:	03/12/2015	Date of Injury:	10/17/2001
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 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 57-year-old female, who sustained an industrial injury on 10/17/2001. She was diagnosed as having cervical spine radiculopathy, right shoulder internal derangement and left shoulder rotator cuff syndrome. Treatment to date has included medications, immobilization and modified activity. Per the Primary Treating Physician's Progress Report dated 1/30/2015, the injured worker reported constant neck pain radiating to the bilateral upper extremities with numbness and tingling, 8-9/10; constant right shoulder pain, 8-9/10; constant left shoulder pain, 8-9/10; constant right wrist pain with numbness and tingling, 8-9/10 and constant left wrist pain with numbness and tingling, 8-9/10. Physical examination revealed tenderness and decreased range of motion with spasm to the cervical spine and trapezius muscles. She has restricted range of motion to the bilateral shoulders and bilateral wrists. Phalen's and Tinel's tests were positive and she was wearing bilateral wrist braces. There was decreased sensation along the bilateral upper extremities at C6, C7 and C8. The plan of care included pain medications, bilateral thumb splints, continuation of home exercise program and follow up care. Authorization was requested for Oxycodone 10mg #120 and Xanax 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78; 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with neck pain, which radiates into bilateral extremities and right wrist pain. The current request is for Oxycodone 10mg #120. The treating physician states, "The patient denies side effects or GI symptoms with the use of oral medications. Pain level without medications is 10/10 and decreases to 7/10 with the use of medication. The patient was given a prescription of for Oxycodone 10mg #120." The treating physician also documented that the patient is permanent and stationary. (385B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has had decreased pain with the use of this medication and has been on Oxycodone since at least November 2014 but did not state if the patient was having any functional improvement. There are urine drug screens to evaluate for aberrant behavior. The medical records state the IW is not working and that she does very little at home. The current request is not medically necessary and the recommendation is for denial.

Xanax 1 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with neck pain, which radiates into bilateral extremities and right wrist pain. The current request is for Xanax 1mg #60. The treating physician states, "The patient was given a prescription of Xanax 1mg #60 to be taken as directed." The MTUS guidelines state, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, the treating physician has been prescribing this medication since at least November 2014, which would exceed the recommended guideline of 4 weeks. The current request is not medically necessary and the recommendation is for denial.