

Case Number:	CM15-0088321		
Date Assigned:	05/12/2015	Date of Injury:	11/14/1992
Decision Date:	06/18/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 58-year-old male, who sustained an industrial injury on 11/14/1992. He reported feeling a pop in his neck, which was followed by pain that radiated into his left shoulder. The injured worker is currently off work and declared permanent and stationary. The injured worker is currently diagnosed as having multilevel degenerative disc disease and bulging of the cervical spine, status post cervical discectomy, status post cervical osteotomies, left shoulder internal derangement, status post left shoulder arthroscopic subacromial decompression and rotator cuff repair, internal derangement of the right shoulder, bilateral carpal/cubital tunnel syndrome, and multilevel degenerative disc disease and bulging of the lumbar spine. Treatment and diagnostics to date has included chiropractic treatment, epidural injections, psychotherapy, left shoulder MRI, electromyography, cervical spine surgery, physical therapy, left shoulder surgery, and medications. In a progress note dated 04/10/2015, the injured worker presented with complaints of neck pain, low back pain, and left shoulder pain. Objective findings include numbness and tingling sensations in the left temple and arms and restricted range of motion to the left shoulder. The treating physician reported requesting authorization for Ativan, Soma, and Hydrocodone/Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, #60, 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, benzodiazepems.

Decision rationale: Benzodiazepine of Ativan is not supported for long-term use. It is not supported for sleep due to tolerance rapidly developing. There is no indication of failure of at least 6 months of a sleep hygiene program or failure or intolerance of other standard sleep aid therapies. Therefore, the request is not medically necessary.

Soma 350mg, #120, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines soma Page(s): 29.

Decision rationale: MTUS guidelines do not support long-term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication about the insured to support mitigating reason soma should be used in the insured. Therefore, the request is not medically necessary.

Hydrocodone APAP 10/325mg, #150, 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines note - At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a

patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. The medical records provided for review do not document a formal assessment of addiction risk or report intent for chronic opioid therapy. As the medical records do not support these assessments, UDS is not supported for current care.