

Case Number:	CM14-0121637		
Date Assigned:	08/06/2014	Date of Injury:	05/02/2008
Decision Date:	10/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old female who sustained injury to her neck and right shoulder on 05/02/08 when a car struck the rear of a parked bus while the patient was descending the stairs. She gripped the bars and reported the onset of pulling sensation around her neck and right shoulder. The injured worker had chronic complaints of neck, right shoulder, and low back pain. Graded 9/10. She underwent surgical intervention, which included manipulation under anesthesia on 10/11/12. She underwent lumbar spine epidural steroid injection on 11/12/13. At one-point records indicated, the injured worker was receiving medications from two providers. She was receiving Norco 10 325, Cymbalta, and Xanax from her primary care provider. She subsequently came under the care of [REDACTED] who attempted to consolidate her pain management. The injured worker was to be transitioned to long acting opioid with short acting opioid for breakthrough pain. Review of the clinical records indicated that the serial VAS scores were 8-10/10. Prior treatments included physical therapy, ultrasound, topical analgesics, acupuncture, injections, and surgical intervention. No treatment was found to be helpful. Utilization review dated 07/03/14 not medically necessary the requests for Oxycodone HCl 30mg #60 no refills and Amitza 24mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #60 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Oxycodone HCl 30mg #60 no refills are not medically necessary. Submitted clinical records indicate that the injured worker has a chronic pain syndrome and co-morbid fibromyalgia. She underwent shoulder surgery with no substantive benefit. She chronically reports pain levels 8-10 VAS with no substantive improvement with use of opiate medications. The record provides no data indicating that the injured worker has functional benefits from her opioid treatment. As such, the request would not be supported under CA MTUS for chronic opioid treatment.

Amitiza 24 Mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Amitiza 24 mcg is not supported as medically necessary. The submitted clinical records fail document trials of other remedies such as Colace, Senekot or other stool softeners to justify the use of this medication. As such, the medical necessity has not been established.