

Case Number:	CM14-0146949		
Date Assigned:	09/15/2014	Date of Injury:	05/02/2008
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/10/2014

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 Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on May 2, 2008. The mechanism of injury is stated to be continuous trauma. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles with spasms. There was a positive Tinel's and Phalen's test at the wrist bilaterally and a positive Tinel's sign at the elbows. There was also tenderness along the lower lumbar spine. Diagnostic imaging studies of the cervical spine indicated reversal of cervical lordosis and multilevel degenerative changes from C3 through C7. Nerve conduction studies indicated a chronic left S1 radiculopathy and normal findings in the upper extremities. Previous treatment includes oral medications. A request had been made for Oxycodone and an extended inpatient stay and was non-certified in the pre-authorization process on September 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Extended in-patient stay (duration unspecified) (DOS: Unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital length of stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Hospital Length of Stay, Updated August 22, 2014

Decision rationale: It is unclear what this request for an extended inpatient stay is related to. Without further information or justification, this request for an extended inpatient stay is not medically necessary.

Oxycodone (strength and quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93.

Decision rationale: The California MTUS Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Oxycodone is not considered medically necessary.