

Case Number:	CM14-0162821		
Date Assigned:	01/07/2015	Date of Injury:	05/09/2008
Decision Date:	03/18/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 45-year-old male, who sustained an industrial injury on May 9, 2008. The injured worker has reported low back pain, neck and bilateral shoulder pain. The diagnoses have included left shoulder impingement syndrome, right shoulder impingement syndrome and status post rotator cuff repair times three on the right shoulder with residuals. Treatment to date has included pain medication, diagnostic testing, toxicology screening, physical therapy, status post lumbar inter-body fusion in 2012 and multiple right shoulder surgeries. Current documentation dated August 5, 2014 notes that the injured worker reported lumbar spine pain and bilateral shoulder pain. He rated the lumbar spine pain at six out of ten, the right shoulder pain a nine out of ten and the left shoulder pain a seven out of ten on the Visual Analogue Scale. The right shoulder pain had increased from the last visit. Examination of the cervical spine revealed tenderness and a decreased range of motion. There was positive shoulder depression and cervical compression. Examination of the shoulders revealed tenderness and a slight decreased in range of motion, right greater than the left and decreased strength on the right. On August 26, 2014 Utilization Review non-certified requests for OxyContin 10 mg # 5 and Restoril 15 mg # 30. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On October 3, 2014, the injured worker submitted an application for IMR for review of OxyContin 10 mg # 5 and Restoril 15 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 10mg #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 10 mg #5 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are left shoulder impingement syndrome; right shoulder impingement syndrome; and status post rotator cuff repair X 3 on the right shoulder with residuals. Subjectively, the injured worker complains of persistent neck and bilateral shoulder pain. Right shoulder pain is 9/10 and left shoulder pain is 7/10. Pain in the right shoulder is worse since last visit. There were no sleep complaints documented in the record. Objectively, bilateral shoulders have decreased range of motion, right greater than left. There is AC joint tenderness present bilaterally. There was decreased strength 4+/5 flexion and abduction on the right side. The documentation indicates the injured worker was taking Norco as far back as February 11th, 2014. The treating physician dispensed Percocet 10 mg #5 pills for severe pain in the right shoulder that is not controlled by Norco. The documentation does not contain evidence of objective functional improvement with Norco. There are no risk assessments in the medical record. There are no pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement as a relates the Norco with risk and pain assessments, the addition of a second opiate, OxyContin 10 mg #5 is not medically necessary.

Restoril (Temazepam) 15mg #30 DOS: 8/5/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Restoril 15 mg #30 date of service August 5, 2014 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. Restoril (temazepam) is

not recommended. In this case, the injured worker's working diagnoses are left shoulder impingement syndrome; right shoulder impingement syndrome; and status post rotator cuff repair X 3 on the right shoulder with residuals. Subjectively, the injured worker complains of persistent neck and bilateral shoulder pain. Right shoulder pain is 9/10 and left shoulder pain is 7/10. Pain in the right shoulder is worse since last visit. There were no sleep complaints documented in the record. Objectively, bilateral shoulders have decreased range of motion, right greater than left. There is AC joint tenderness present bilaterally. There was decreased strength 4+/5 flexion and abduction on the right side. The documentation indicates the injured worker was taking Lorazepam 2 mg as far back as February 11, 2014. On October 5, 2014, the treating physician discontinued Lorazepam and dispensed Restoril to help with sleep. Restoril is not recommended by the Official Disability Guidelines. Restoril is a benzodiazepine. Benzodiazepines are not recommended for long-term use (longer than two weeks). Restoril 15 mg #30 exceeds the recommended guidelines for less than two weeks. Consequently, absent clinical documentation for long-term use of Restoril in contravention of the recommended guidelines (not recommended for longer than two weeks), Restoril 15 mg #30 dating service August 5, 2014 is not medically necessary.