

Case Number:	CM15-0110963		
Date Assigned:	06/17/2015	Date of Injury:	10/19/2000
Decision Date:	09/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old male who sustained an industrial injury on October 19, 2000. He has reported severe neck pain and has been diagnosed with lumbago, pain in shoulder region, unspecified disorders bursae and tendons shoulder region, displacement cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, cervicalgia, post laminectomy syndrome cervical region, and brachial neuritis or radiculitis not otherwise specified. Treatment has included medications, a home exercise program, moist heat, stretches, and physical therapy. There was tenderness to the cervical paraspinals with decreased range of motion. There was tenderness to the thoracic paraspinals with a positive straight leg raise on the right and the left. The treatment request included medications and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91-92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 47 year old male has complained of neck pain, low back pain and shoulder pain since date of injury 10/19/2000. He has been treated with surgery, physical therapy and medications to include opioids since at least 01/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

Oxycontin 40 mg XR #105: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91-92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 47 year old male has complained of neck pain, low back pain and shoulder pain since date of injury 10/19/2000. He has been treated with surgery, physical therapy and medications to include opioids since at least 01/2015. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

Trazodone HCL 100 mg #15: 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 Anti-depressants Page(s): 13-14.

Decision rationale: This 47 year old male has complained of neck pain, low back pain and shoulder pain since date of injury 10/19/2000. He has been treated with surgery, physical therapy and medications to include Trazodone since at least 01/2015. The current request is for Trazodone. Trazadone is approved for the treatment of depression. There is inadequate documentation of any subjective or objective findings of anxiety or depression in this patient.

On the basis of this lack of medical documentation Trazadone is not indicated as medically necessary in this patient.

Restoril 30 mg #30: 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 rationale: This 47 year old male has complained of neck pain, low back pain and shoulder pain since date of injury 10/19/2000. He has been treated with surgery, physical therapy and medications to include Restoril since at least 01/2015. The current request is for Restoril. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. On the basis of the MTUS guideline cited above, Restoril is not indicated as medically necessary in this patient.

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: This 47 year old male has complained of neck pain, low back pain and shoulder pain since date of injury 10/19/2000. He has been treated with surgery, physical therapy and medications. The current request is for MRI of the cervical spine without contrast. The available medical records show a request for MRI of the cervical spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.