

Case Number:	CM15-0120900		
Date Assigned:	07/28/2015	Date of Injury:	10/19/2000
Decision Date:	09/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 47 year old, male who sustained a work related injury on 10/19/2000. The diagnoses have included lumbago, pain in shoulder joint, disorders of bursae and tendons shoulder region, cervical intervertebral disc displacement without myelopathy, cervicalgia, postlaminectomy syndrome cervical region and brachial neuritis/radiculitis. Treatments have included home exercises, moist heat, stretches, multilevel cervical medial branch radiofrequency neurotomies and medications. In the PR-2 dated 6/2/15, the injured worker complains of chronic, severe neck pain related to his history of cervical disc disease and internal derangement of left shoulder. He reports a drastic increase in his neck and left shoulder pain intensity since last visit. He attributes this increase in pain to continued denials of his medications. States he is going to the Emergency Room after this visit. He rates his pain level at this visit a 10/10. Usually, he rates his pain a 6/10 with medications and a 10/10 without medications. On physical examination, he has tenderness to touch of cervical paraspinal muscles. He has decreased range of motion in neck. He has tenderness to touch of lumbar paraspinal muscles. He has a positive left leg raise in sitting position. He states his last prescription of Norco was white tablets and he had side effects from these pills. He has done well with the yellow tablets of Norco. He is not working. The treatment plan includes refills of medications and awaiting authorization for an 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:

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepines.

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 Chapter, Insomnia Treatment.

Decision rationale: Per the ODG, FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. He has been on this medication for a minimum of 9 months. There is insufficient documentation that the injured worker is having difficulty with sleep. There is no mention of insomnia or sleep related issues. For these reasons, the requested treatment of Restoril is not medically necessary.

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days)." Long-term use of opioids is not recommended. It is noted that the injured worker has been on this medication for a minimum of 3 months. In the notes provided, the pain levels recorded for last few visits have not changed. There are no documented changes in his functional capabilities from visit to visit. Documentation does not include a toxicology screen as recommended by the guidelines. Norco has been prescribed at all recent office visits for one-month supply. Since there is no documentation of improvement in pain level, a decrease in overall pain, an increase in functional capacity and there has been long-term use of this medication, this request for Norco is not medically necessary.

Oxycontin 40mg #105: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per CA MTUS guidelines, Oxycontin is a controlled release form of Oxycodone. Oxycodone is an opioid medication with the potential to be addictive. It is for the short-term use for pain relief. "Oxycontin Tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic." It is noted that the injured worker has been on this medication for a minimum of 9 months. There is no documentation noted about how he takes the Oxycontin in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. It is not recommended that opioid medications be abruptly discontinued. "There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care." CA MTUS Guideline indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. Documentation does not include a recent toxicology screen. Since he has taken this medication long-term and there is insufficient documentation of functional capabilities, this request for Oxycontin is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: Per CA MTUS, ACOEM guidelines, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The provider requested this MRI of the cervical spine for further evaluation of the injured worker's ongoing cervical spine pain and arm symptoms that have lasted for more than 4-6

weeks. There are no drastic changes in his symptoms that would suggest that he needs an MRI for a possible procedure. Therefore, the requested treatment of an MRI of the cervical spine is not medically necessary.