

Case Number:	CM15-0174998		
Date Assigned:	09/16/2015	Date of Injury:	06/26/2003
Decision Date:	11/12/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old male sustained an industrial injury on 6-26-03. Documentation indicated that the injured worker was receiving treatment for cervical discopathy with radiculopathy, status post cervical spine fusion from 2011, right shoulder impingement and thoracic spine musculoligamentous injury. There are associated diagnosis of anxiety disorder, panic attacks, mood disorder and insomnia. A 2014 MRI of the cervical spine showed multilevel disc bulge and theca sac effacement at C3-C4 and C4-C5 levels. Recent treatment consisted of medication management. In a PR-2 dated 10-20-14, the injured worker complained of persistent pain in the cervical spine with radiation to both arms associated with numbness and tingling and right shoulder. Current medications included Prilosec, Oxycontin, Percocet and topical compound cream. Physical exam was remarkable for tenderness to palpation in the cervical spine and thoracic spine in the paraspinal musculature with decreased range of motion secondary to pain and right shoulder with tenderness to palpation in the acromioclavicular joint with positive Neer's, Hawkin's and O'Brien's tests, 5 out of 5 bilateral upper and lower extremity motor strength and diminished sensation at the bilateral C5 and C6 distributions. The treatment plan included continuing current medications. In a PR-2 dated 7-30-15, the injured worker complained of sharp pain in the top of the right shoulder blade with radiation to the medial border of the shoulder blade and into the right arm as well as neck pain to a lesser degree. The treatment plan included continuing medications (Prilosec, Oxycontin, Percocet and topical compound creams. On 8-20-15, Utilization Review noncertified a request for Oxycontin ER 30mg #60, Percocet 10-325mg #120, Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER (Oxycodone Hydrochloride) 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Chronic pain programs, opioids, Medications for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The guidelines recommend that chronic patient patients with significant psychosomatic disorders be treated with anticonvulsant and antidepressant co-analgesic medications with mood stabilizing and anxiolytic effects. The records indicate that the patient have significant persistent psychiatric conditions that had not been effectively controlled. The presence of psychiatric disorders can be associated with increased risk of diversion, addiction and severe opioid associated adverse effects that can be potentially fatal. The records show persistent subjective complaints of severe pain despite utilization of high dose opioid that is indicative of opioid induced hyperalgesia. The guidelines recommend that chronic pain patients be referred to Chronic Pain programs or Addiction centers for safe weaning of opioid medications. The criteria for the use of Oxycontin ER (oxycodone HCL) 30mg #60 was not met. The request is not medically necessary.

Percocet (Acetaminophen and Oxycodone) 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard

treatment with NSAIDs, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The guidelines recommend that chronic patient patients with significant psychosomatic disorders be treated with anticonvulsant and antidepressant co-analgesic medications with mood stabilizing and anxiolytic effects. The records indicate that the patient have significant persistent psychiatric conditions that had not been effectively controlled. The presence of psychiatric disorders can be associated with increased risk of diversion, addiction and severe opioid associated adverse effects that can be potentially fatal. The records show persistent subjective complaints of severe pain despite utilization of high dose opioid that is indicative of opioid induced hyperalgesia. The guidelines recommend that chronic pain patients be referred to Chronic Pain programs or Addiction centers for safe weaning of opioid medications. The criteria for the use of Percocet (oxycodone / acetaminophen) 10/325mg #120 was not met. The request is not medically necessary.

Soma (Carisoprodol) 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Weaning of Medications, Carisoprodol (Soma), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids or other sedative medications. The guidelines recommend that chronic patient patients with significant psychosomatic disorders be treated with anticonvulsant and antidepressant co-analgesic medications with mood stabilizing and anxiolytic effects. The records indicate that the patient have significant persistent psychiatric conditions that had not been effectively controlled. The presence of psychiatric disorders can be associated with increased risk of diversion, addiction and severe associated adverse effects that can be potentially fatal. The use of Soma is associated with a higher incidence of addiction because of highly addictive meprobamate metabolite. The duration of use of Soma had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the use of Soma (carisoprodol) 350mg #90 was not met. The request is not medically necessary.

MRI cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI test can be utilized for the evaluation of severe musculoskeletal disorders when clinical examinations and standard X-rays tests are inconclusive. The records did not show deterioration of the cervical spine condition or new onset neurological deficit since the most recent radiological test. The records show that the patient completed extensive investigation that included MRI test in 2014. There is no indication that the recent request for MRI investigation will be utilized as a pre-operative test for surgical planning. The criteria for MRI of the cervical spine was not met. The request is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI test can be utilized for the evaluation of severe musculoskeletal disorders when clinical examinations and standard X-rays tests are inconclusive. The records did not show deterioration of the right shoulder condition or new onset neurological deficit since the most recent radiological test. The records show that the patient completed extensive investigations that included MRI test in 2014. There is no indication that the recent request for MRI investigation will be utilized as a pre-operative test for surgical planning. The criteria for MRI of the right shoulder was not met. The request is not medically necessary.