

Case Number:	CM15-0177251		
Date Assigned:	09/17/2015	Date of Injury:	08/31/1999
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old man sustained an industrial injury on 8-31-1999 after moving a door out of the frame and the top fell on him and through the door frame causing his neck and arms to hyperextend. The worker reported the incident, however, did not seek medical attention until the next day when the pain was unbearable. Evaluations include an undated cervical spine MRI. Diagnoses include multilevel cervical spine facet syndrome, chronic cervical pain syndrome, and cervicogenic headaches. Treatment has included oral medications, acupuncture, trigger point injections, medial branch blocks, radiofrequency rhizotomies, internal pulse generator, peripheral nerve stimulation unit, deep tissue massage, and physical therapy. Physician notes dated 7-20- 2015 show complaints of neck pain with radiation to the bilateral shoulders, left rhomboid muscle pain, and headaches with fluctuating severity based on activity level. The worker rates his pain 10 out of 10 without medications and 5 out of 10 with medications. The physical examination shows bilateral cervical paraspinal tenderness that extends into the bilateral trapezius and rhomboid muscles, normal muscle strength to all upper extremity muscle groups, normal sensation and reflexes bilaterally, and right hand grip strength is recorded at 51.6, 50.6, and 53.1 and left handgrip strength is 47.2, 44.5, and 43.2. Recommendations include Oxycodone, Hydromorphone, Flexeril, Lyrica, Modafinil, Dronabinol, Clonazepam, Fioricet, Duloxetine, Tylenol ES, Lactulose, urine drug screen, and follow up in one month. Utilization Review denied requests for Oxycodone, Hydromorphone, and Lyrica citing a 90 day supply of Oxycodone and Hydromorphone were certified, therefore the worker should not be out of medication. There was no documentation on clinical examination of neuropathic pain to support the necessity of Lyrica. Abrupt discontinuation is not recommended, therefore the quantity was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. This patient was recently certified for a 90 day supply of Oxycodone. Oxycodone 15 mg #540 is not medically necessary.

Oxycodone 40 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. This patient was recently certified for a 90 day supply of Oxycodone. Oxycodone 40 mg #180 is not medically necessary.

Hydromorphone 2 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If

the patient has returned to work, or (b) If the patient has improved functioning and pain. This patient was recently certified for a 90 day supply of Hydromorphone. Hydromorphone 2 mg #180 is not medically necessary.

Lyrice 75 mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrice).

Decision rationale: The MTUS states that Lyrice has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for cervical back pain. Lyrice 75 mg #15 is not medically necessary.