

Case Number:	CM15-0062621		
Date Assigned:	04/08/2015	Date of Injury:	12/14/1999
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 60-year-old female, who sustained an industrial injury on 12/14/1999. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar degenerative disc disease, low back pain, muscle spasm, cervical spondylosis, elbow pain, and headache/facial pain. Treatment to date has included massage, psychology, and medications. Currently, the injured worker complains of neck pain, increased low backache, and acute myofascial muscle spasms and tightness over the cervical and lumbar paraspinals, trapezius and supraspinatus. Her pain was rated 8/10 and 9.5/10 without medications. Sleep quality was poor and activity level was decreased. Current medications included Frova, Lidoderm patches, Ibuprofen, Norco (10/325mg twice daily as needed), Trazadone, Oxycontin 10mg, and Oxycontin 40mg. Magnetic resonance imaging and x-ray findings were referenced. Oxycontin was noted as tapered to a total of 50mg per day on 2/03/2015. She was currently not working. The use of Frova, Oxycontin, and Norco was noted since at least 6/2014, at which time pain was rated 7/10. Urine drug screening reports were not submitted. The treatment plan included medication continuance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Frova 2.5mg Quantity: 9 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com.

Decision rationale: This medication is indicated for the acute treatment of migraines. It is to be limited to use only after clear diagnosis of migraine has been established. The clinical documentation submitted for review showed no indication as to a rationale for this medication. There was no documentation that the injured worker is currently suffering from migraine headaches. Given the above, this request is not medically necessary.

Oxycontin 10mg Quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: According to the clinical records submitted for review, this medication appears to have been weaned. The clinical records show no indication of clear evidence of overwhelming benefit accepted per the guidelines such as an active work status. In addition, there were no urine drug screening reports submitted for review. Given the above, this request is not medically necessary.

Norco 10/325mg Quantity: 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: According to the clinical documentation submitted for review, this medication appears to have been weaned. There is no clear evidence of overwhelming benefit accepted per the guidelines such as an active work status. In addition, there was no urine drug screening report submitted for review to determine appropriate medication usage. Given the above, this request is not medically necessary.

Oxycontin 40mg Quantity: 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: According to the clinical records submitted for review, this medication appears to have been weaned. The clinical records show no indication of clear evidence of overwhelming benefit accepted per the guidelines such as an active work status. In addition, there were no urine drug screening reports submitted for review. Given the above, this request is not medically necessary.