

Case Number:	CM15-0062889		
Date Assigned:	04/08/2015	Date of Injury:	07/12/2004
Decision Date:	06/01/2015	UR Denial Date:	03/10/2015
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 39-year-old male who reported an injury on 07/12/2014. The mechanism of injury was not provided. The injured worker diagnoses include carpal tunnel syndrome, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, degeneration of intervertebral disc, disorder of rotator cuff, strained rotator cuff capsule and glenoid labrum detachment. The clinical note from 09/22/2014, noted that the injured worker continues to struggle with pain and depression. The injured worker was unable to continue Lexapro because it kept him up at night, even when he took it in the morning. The injured worker had vegetative symptoms with depression including significant and severe insomnia, as well as loss of energy, loss of interest in normal activities and depressed mood, so he required antidepressants. The Remeron was an antidepressants that was prescribed to help him sleep. The clinical note from 11/03/2014, noted that they were to reduce the injured worker's Oxycodone gradually over the next month. The clinical note from 11/24/2014 noted that the injured worker has had 2 disc replacements at the L4-5 and C5-6 and may need another one. The injured worker had tried to have his medication reduced, but due to his struggle and pain it was increased back to its original amount. It states that the results of the tox screen that was completed on 11/20/2014 notes that the injured worker tested positive for Oxycodone, as well as marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg Qty 60 (retrospective 11/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker has pain in the shoulder, cervical, lumbar and sacral spine. The injured worker has had struggles with decreasing his Oxycodone use. The injured worker also reports a decrease in his functional ability. The California MTUS Guidelines note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk for dependence. Guidelines limit use for 4 weeks. The injured worker has been taking Valium since at least 03/02/2014. Since Valium is not recommended as a long term treatment there is a greater risk of dependence. Therefore, the request for Valium 10 mg quantity 60 retrospective 11/24/2014 is not medically necessary.

Oxycontin 30 mg Qty 180 (retrospective 10/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-95.

Decision rationale: The injured worker has pain in the shoulder, cervical, lumbar and sacral spine. The injured worker has had struggles with decreasing his Oxycodone use. The injured worker also reports a decrease in his functional ability. The California MTUS Guidelines note that the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is needed for the ongoing use of opioid medications. A pain assessment should include the current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. There is no documentation provided of the injured worker's appropriate pain assessment. There is also no documentation of the injured worker's appropriate medication use and the injured worker's side effects. Therefore, the request for Oxycontin 30 mg quantity 180, retrospective 10/06/2014, is not medically necessary.

Oxycodone 30 mg Qty 70 (retrospective 11/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-95.

Decision rationale: The injured worker has pain in the shoulder, cervical, lumbar and sacral spine. The injured worker has had struggles with decreasing his Oxycodone use. The injured worker also reports a decrease in his functional ability. The California Medical Treatment Guidelines note that the ongoing management of opioid medication should include the review and documentation of pain relief, functional status, appropriate medication use and side effects. The patient's pain assessment should include the current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. There was no documentation provided of the injured worker's appropriate pain assessment, functional status, appropriate medication use or side effects. Therefore, the request for Oxycodone 30 mg quantity 70, retrospective 11/03/2014 is not medically necessary.

Oxycodone 30 mg Qty 56 (retrospective 11/7/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-95.

Decision rationale: The injured worker has pain in the shoulder, cervical, lumbar and sacral spine. The injured worker has had struggles with decreasing his Oxycodone use. The injured worker also reports a decrease in his functional ability. Oxycodone 30 mg quantity 56 is not supported. The California Medical Treatment Guidelines note that the ongoing the review and documentation of chronic opioid use must include pain relief, functional status, appropriate medication use and side effects. Pain assessment should include the current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. There was no documentation of the injured worker's pain relief that includes an appropriate pain assessment. There is also no documentation of the injured worker's appropriate medication use or side effects provided. There is no documentation of the injured worker having a urine drug screen completed. Therefore, the request for Oxycodone 30 mg, quantity 56, retrospective 11/07/2014 is not medically necessary.

Oxycodone 30 mg Qty 150 (retrospective 11/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-95.

Decision rationale: The injured worker has pain in the shoulder, cervical, lumbar and sacral spine. The injured worker has had struggles with decreasing his Oxycodone use. The injured worker also reports a decrease in his functional ability. The California Medical Treatment

Guidelines note that the ongoing use of opioid medications should include documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include the current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. There was documentation of the injured worker completing a urine drug screen. However, the urine drug screen was positive for THC. There was no documentation of the injured worker's appropriate pain assessment and side effects. Therefore, the request for Oxycodone 30 mg, quantity 150, retrospective 11/24/2014 is not medically necessary.