

Case Number:	CM15-0072781		
Date Assigned:	04/23/2015	Date of Injury:	10/17/2001
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois

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:

The injured worker is a 57-year-old female, who sustained an industrial injury on 10/17/2001. The current diagnoses are cervical spine radiculopathy, right shoulder internal derangement, left shoulder rotator cuff syndrome, and internal derangement of bilateral wrists. According to the progress report dated 2/13/2015, the injured worker complains of constant neck pain with radiation to the bilateral upper extremities associated with numbness and tingling. The pain is rated 7-8/10 on a subjective pain scale. Additionally, she reports constant bilateral shoulder pain, rated 8-9/10, and constant right wrist pain with associated numbness and tingling, rated 7-8/10. Pain level without medication is 10/10 and decreased to 7/10 with the use of medications. The current medications are Oxycodone, Topiramate, and Xanax. Treatment to date has included medication management, MRI studies, home exercise program, and sudoscan. The plan of care includes Oxycodone and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/17/2001. The medical records provided indicate the diagnosis of cervical spine radiculopathy, right shoulder internal derangement, left shoulder rotator cuff syndrome, and internal derangement of bilateral wrists. Treatments have included Oxycodone, Topiramate, and Xanax. Treatment to date has included medication management, home exercise program. The medical records provided for review do not indicate a medical necessity for Oxycodone 10mg #120. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids since 2010 without overall improvement in pain and function. The injured worker is not well monitored for pain control, adverse effects, and activities of daily living. Therefore, the requested medical treatment is not medically necessary.

Xanax 1.0mg #60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 10/17/2001. The medical records provided indicate the diagnosis of cervical spine radiculopathy, right shoulder internal derangement, left shoulder rotator cuff syndrome, and internal derangement of bilateral wrists. Treatments have included Oxycodone, Topiramate, and Xanax. Treatment to date has included medication management, home exercise program. The medical records provided for review do not indicate a medical necessity for Xanax 1.0mg #60. Xanax (Alprazolam) is a benzodiazepine sedative hypnotic. The medical records indicate the injured worker has been using various types of medications, including the benzodiazepines, for sleep since 2010. The MTUS recommends against use of the benzodiazepines for longer than 4 weeks due to the risk of dependence and unproven long-term efficacy. Therefore, the requested medical treatment is not medically necessary.