

Case Number:	CM14-0134734		
Date Assigned:	10/02/2014	Date of Injury:	04/26/2005
Decision Date:	12/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker was a 55-year old male whom experienced an industrial injury 03/10/09. He has tenderness over the occipital nerves bilaterally, slightly limited range of motion of the cervical spine in all directions secondary to pain, tightness and stiffness. He had significant tenderness over the facet joints from C5 to C7 bilaterally, with positive provocation test. He also displayed significant tightness, tenderness and trigger points with spasms in the cervical spine musculature bilaterally. There was mild to moderate tenderness over the left shoulder joint and supraspinatus and biceps tendons, limited range of motion of the left shoulder in all directions secondary to pain. He had tightness, tenderness and trigger points in the left shoulder girdle and arm musculature. Sensory exam was intact, muscle strength was 5/5 on the right and 4/5 on the left. His medical treatment consisted of cervical fusion at C5-6 and C6-7 with chronic residual pain. He has continued to have neck pain with cervical radiculopathy. The injured worker reported he twisted his back and experienced mid and lower back pain with spasms and has had to used more Oxycontin for 2-3 days. Objectively he has significant myofascial pain syndrome and spasms of the cervical spine and left shoulder muscles. He is also status post revision arthroscopic rotator cuff repair on 05/23/12 in addition to extensive surgical history to the left shoulder. He was prescribed the medication, Oxycontin, to be used for weaning purposes. Diagnoses were Cervical Disc Degeneration (722.4); Cervical Failed Back Surgery Syndrome (722.81); Cervical Radiculopathy (723.4); Status Post Cervical Spinal Fusion (724.9); Hypertension (401.9); Status Post Spine Revision; and Status Post Left Shoulder Surgery x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Oxycontin SR 40mg #100 (DOS 7/7/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211, Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 92, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Website: Post Surgery Guidelines

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the requested medication is not medically necessary.