

Case Number:	CM13-0022859		
Date Assigned:	11/15/2013	Date of Injury:	06/28/1996
Decision Date:	02/03/2014	UR Denial Date:	08/24/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in Florida. 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 physician 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:

This claimant is a 61-year-old injured worker with reported date of injury of 1989 to 06/28/1996. The mechanism of injury is not provided for the review. The patient was seen on 07/27/2012 and reported neck pain was becoming worse. Upon examination the patient had spasms, tightness, and tenderness noted in the paraspinal musculature with limited range of motion. Neurological exam remained unchanged. The patient was seen back in clinic on 09/19/2013 and stated they had increased pain because medications were not authorized, complains that they had only received 1 month's authorization for medication and that both topical compounds and omeprazole were not authorized. Norco 10 mg tablets twice a day, Topamax 400 mg in the evening and Limbrel 500 mg twice a day and orphenadrine 100 mg twice a day were prescribed. On exam the patient had pain to bilateral neck and shoulders associated with cervical radiculopathy and chronic cervical strain. Diagnoses included cervical radiculopathy and chronic cervical strain and plan going forward was to recommend a percutaneous peripheral nerve stimulator implantation as well as 1 prescription of hydrocodone 5 mg quantity of 7 and 1 prescription of Norflex 100 mg quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral never stimulator implantation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state, "Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy... PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity)." The submitted medical records include a clinical note dated 09/19/2013 in which this patient reported pain and stated medications had not been authorized but the patient was taking Norco, Topamax, Limbrel, and Orphenadrine. While she complained of pain, pain was not objectively identified on that exam. The records are silent after that and therefore the current status of this claimant is unknown. It is also unknown whether the patient is undergoing programs such as a program of evidence based on functional restoration, undergoing therapeutic exercise, or if the patient has had use of a TENS and failed that device or it was contraindicated. The records do not indicate the patient has failed TENS due to physical barriers such as scar tissue or obesity. The request for peripheral nerve stimulator implantation is not medically necessary and appropriate.

1 prescription of Hydrocodone 5mg, quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78 and 91.

Decision rationale: The submitted records do not include a clinical note that is current and up to date indicating that the patient is currently in pain. The last clinical note dated 09/19/2013, indicated that the patient reported pain, but the treating physician did not objectively document pain on a VAS scale. The patient was taking Norco 10 mg at that time and the efficacy of that medication was not documented objectively either. The MTUS Chronic Pain Guidelines advocate the monitoring of the 4A's and since the patient VAS scale was not objectively documented and the current urine drug screen has not been documented, the 4A's have not been adequately monitored. The request for 1 prescription of Hydrocodone 5mg, quantity 30, is not medically necessary and appropriate.

1 prescription of Norflex 100mg, quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The records are silent after 09/19/2013; therefore, there is no indication that this claimant currently has muscle spasms for which this medication might be supported. The records do not indicate efficacy of previous medications. There is no indication in the medical records that the patient has failed lesser medications and no indications that they currently have muscle spasms. The request for 1 prescription of Norflex 100mg quantity is not medically necessary and appropriate.