

Case Number:	CM13-0024075		
Date Assigned:	11/20/2013	Date of Injury:	12/08/2004
Decision Date:	01/21/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Pain and Rehabilitation, 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 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:

The underlying date of injury in this case is 12/08/2004. The treating diagnosis is chronic pain syndrome with migraine headaches superimposed upon traumatic headaches as well as cervical degenerative disc disease and myofascial pain. Records from the treating physician are largely handwritten and only partially legible. For example, follow-up notes on 06/25/2013 and 07/12/2013 appear to outline cervical and head pain but are almost entirely illegible. A Peer-2 form, which appears to be from 08/29/2013, states the patient was seen in follow-up and was approved for Social Security disability and had ongoing pain including headaches and a history of a chronic pain syndrome. Again, this record is almost illegible. The Peer-2 form of 09/10/2013 reported that the patient was seen for medication refill and medications were working well and the pain was 3/10 with medication or 10/10 without medications. An initial physician review in this case notes that the patient is a 50-year-old woman who initially was injured when she was struck on her head when an automatic roll-up door came down on its own. That physician review notes as of 08/08/2013 the patient had persistent neck pain and headaches with limited range of motion on exam. That reviewer notes that the remainder of the medical report was largely illegible. That reviewer notes that the medical records do not support indication for multiple opioid medications which were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request to start Butrans 10mg 1 patch 1 7 days #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids." The medical records at this time from the treating provider are limited and are illegible and do not meet the specific guidelines for opioid monitoring in terms of the four domains of opioid monitoring. This would be particularly important given the chronic nature of this patient's condition. This request is not medically necessary.

The request for Norco 10/325 mg 1-2 q 4 hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids." The medical records at this time from the treating provider are limited and are illegible and do not meet the specific guidelines for opioid monitoring in terms of the four domains of opioid monitoring. This would be particularly important given the chronic nature of this patient's condition. This request is not medically necessary.

The request for MS IR 15 mg 1 q 4 hours if pain severe: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management. .

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids." The medical records at this time from the treating provider are limited and are illegible and do not

meet the specific guidelines for opioid monitoring in terms of the four domains of opioid monitoring. This would be particularly important given the chronic nature of this patient's condition. This request is not medically necessary.