MAXIMUS Federal Services

Case Number:	CM14-0001737		
Date Assigned:	01/22/2014	Date of Injury:	01/12/2012
Decision Date:	06/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 61-year-old female patient who sustained an industrial injury on 01/12/2012 when she was involved in a work-related automobile accident. The diagnoses include cervical pain/cervicalgia and contusion of rib. A utilization review performed on 12/26/13 non-certified MS Contin 15 mg and Norco 10/325 mg, as documentation lacked evidence of objective and functional response to long-term use of narcotic medications. The guidelines do not support long-term use of narcotics. On 11/25/13, the patient presented with subjective complaints of cervical pain, back stiffness, numbness and tingling in the right and left arm, radicular pain in the right and left arm, and weakness in the right and left arm. Severity of the condition was rated at 4-5/10. She also reported chest wall pain. She reported back pain, low back pain and lumbar complaints with stiffness and radicular pain in the bilateral leg rated at 5/10 in severity. She complained of soft tissue pain with stiffness, swelling and tenderness. She also related having increased neuropathic pain following the psychiatric evaluation. The medications include Cymbalta, Lidoderm 5% patch, aspirin, metoprolol, oxcarbazepine, MS Contin 15 mg tablets 1 tablet every 8 hours, Vytorin, Norco 10/325 mg tablets up to 3 times daily as needed for breakthrough pain, baclofen, nitroglycerin, pro-air, Advair, and Voltaren gel. Physical examination revealed gait and station without abnormalities. Inspection of palpation of bones, joints and muscles is unremarkable. Muscle strength is 5/5 from groups tested. Neck exam revealed pain to palpation over the C2-C6 facet capsules bilaterally secondary to myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension suggestive of facet capsular tears bilaterally, positive maximal foraminal compression testing bilaterally. There is pain to palpation over the T5-T8 spinous processes. The medications were prescribed and it was recommended she undergo a thoracic epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. The MTUS also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no description of pain relief provided, such as before/after visual analog scale (VAS) scores, and no indication of significant functional benefit or return to work. Long-term use of opioids is not supported by guidelines. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Additionally, the current request does not specify frequency or quantity of the requested MS Contin 15mg. Thus, this request is not medically necessary.

NORCO 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. The MTUS also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no description of pain relief provided, such as before/after visual analog scale (VAS) scores, and no indication of significant functional benefit or return to work. Long-term use of opioids is not supported by guidelines. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Additionally, the current request does not specify frequency or quantity of the requested Norco 10/325mg. Thus, this request is not medically necessary.