

Case Number:	CM14-0004369		
Date Assigned:	06/11/2014	Date of Injury:	10/10/2011
Decision Date:	08/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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 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:

The injured worker is a 57-year-old male who reported an injury on 10/10/2011 due to an unknown mechanism. The most current examination submitted for review was dated 12/26/2013, which revealed the injured worker had complaints of low back pain and neck pain. The VAS (visual analog scale) scores were reported at 8/10 to 9/10 on most days. The injured worker stated he continued to have tight, painful bilateral trapezius, cervical paraspinal, and upper back muscle pain. Medications were Celebrex 200 mg 1 capsule daily, Norco 10/325 mg 1 pill every 4 hours for pain, Norflex 100 mg tablets 1 pill 2 times daily, butalbital/acetaminophen/caffeine, Gemfibrozil, metoprolol, and hydrochlorothiazide 12.5 one capsule daily. Examination of the neck revealed spasms to bilateral trapezius and paraspinal muscles, spasm to right parascapular area, decreased range of motion to right shoulder, and decreased on bilateral rotation and bending. Pain was elicited upon palpation over the bilateral lumbar paraspinal muscles and bilateral lumbar paraspinal muscle area. Lumbar range of motion was to 60 degrees flexion. Neurological exam revealed sensation intact to light touch and pinprick in all dermatomes tested on the lower extremities. Upon palpation, pain was elicited over the bilateral cervical paraspinal muscle, superior trapezius, and spasm. Neurovascular sensory deficit was noted in the right median nerve distribution, motor grip 4/5 bilaterally. Range of motion was limited with extension to 30 degrees, flexion was to 30 degrees, left lateral flexion was to 20 degrees, right lateral flexion was to 20 degrees, left rotation was to 30 degrees, and right rotation was to 45 degrees. Diagnoses were low back pain and neck pain. Recommendations were heat therapy, range of motion exercises, and tension relieving electrical heat wrap for neck and upper back muscle-pain and spasm. Treatment plan was also recommended for the injured worker to continue with the medications as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #180 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78, 80-81.

Decision rationale: The California Medical Treatment Utilization Schedule states, for ongoing management of chronic pain, the injured worker should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Medications tried and failed were not reported. Measurable gains and functional improvement for the injured worker were not reported. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. 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. The guidelines also state continuing review of overall situation with regard to non-opioid means of pain should be considered. The four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have summarized as the 4 A's: analgesia, activities of daily living, adverse side effects, and therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is also no evidence that opioids showed long term benefit or improvement in function when used as treatment for chronic back pain. Functional improvement was not reported after the medication was taken. The request submitted does not indicate a frequency for the medication. Therefore, the request is non-certified.