MAXIMUS Federal Services

Case Number:	CM14-0019833		
Date Assigned:	04/28/2014	Date of Injury:	02/28/2002
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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:

The patient is a [redacted] employee who has filed a claim for common migraine associated with an industrial injury of February 28, 2002. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, Lexapro, Soma, Topamax, Pristiq, sedatives, Voltaren gel, Lidoderm patch, Fentanyl patches, physical therapy, massage, cervical epidural steroid injection, subacromial steroid injection. Patient has had 2 surgeries to the right shoulder. Current medications include Lidoderm patch, Senna, Voltaren gel, Topamax, Celebrex, Klonopin, Lexapro, Norco, chlorzoxazone, and Pristiq. Review of progress notes indicated neck pain that is constant, deep, sharp, associated with sensation of pins and needles radiating to bilateral upper extremities, neck, and head. There are daily headaches with visual disturbance and feeling of pressure points. Associated symptoms include sleep difficulty, anxiety, depression, and difficulty performing activities of daily living. Of note, patient also has diagnosis of bicipital tenosynovitis and ulnar nerve lesion. Utilization review dated February 07, 2014 indicates that the claims administrator modified the requests for Norco from #240 to #192 to initiate weaning; EMG/NCS of bilateral upper extremities for an EMG; and urine drug screens from 4 to 2 in a 12 month period as patient is at low-moderate risk for opioid addiction and since patient is on a weaning process, only half the year needs to be monitored.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least July 2012. Patient notes decrease in pain from 10/10 to 7/10, increased mobility, and ability to perform activities of daily living with medications. There is previous authorization for #192 to initiate a weaning process. The requested amount will increase intake of Norco and is not consistent with a weaning process. Therefore, the request for Norco 10/325mg #240 was not medically necessary per the guideline recommendations of MTUS.

ONE NCS OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that electrodiagnostic studies are recommended after closed fractures of distal radius & ulna to assess nerve injury. In this case, there is already authorization for EMG of the upper extremities. However, the results of the study have not been provided. In addition, patient does not have additional injuries to warrant a nerve conduction study at this time. Therefore, the request for nerve conduction study of bilateral upper extremities was not medically necessary per the guideline recommendations of MTUS and ODG.

FOUR (4) RANDOM URINE DRUG SCREENS IN A 12 MONTH PERIOD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 78.

Decision rationale: As stated in page 78 of the California MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. There is already authorization for 2 urine drug screens, as this patient is on a weaning process for opioids. There

is no indication that this patient is at high risk for opioid addiction necessitating increased frequency of drug screens. Therefore, the request for 4 random urine drug screens in a 12-month period was not medically necessary per the guideline recommendations of MTUS.