

Case Number:	CM14-0112550		
Date Assigned:	08/01/2014	Date of Injury:	09/25/1988
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 Orthopedic Surgery 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 records presented for review, indicate that this 34-year-old individual was reportedly injured on 9-25-1988 (a 2nd date of injury of November 1, 2007 was also reported). The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 2, 2014, indicated that there were ongoing complaints of chronic neck pain, and that the injured employee was not happy with decreasing the medications. The injured employee reports he cannot open jars. The hands go numb and fine motions are difficult. The physical examination demonstrated a pleasant gentleman not in acute distress. The injured employee maneuvers a power wheelchair and does not exhibit any pain behaviors. A limited cervical spine range of motion was noted. There was swelling associated with the bilateral wrists or hands. Diagnostic imaging studies were not reported. Previous treatment included surgical interventions, multiple medications, and pain management techniques. A request had been made for multiple medications and was not found to be medically necessary in the pre-authorization process on July 17, 2014. The records indicate that the injured worker was approximately 300 (Morphine Equivalent Dose) MED more than the optimal amount.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-75, 78, 93 OF 127.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in the pain level or increased function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

Morphine Sulfate ER 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-75, 78, 93 OF 127.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in the pain level or increased function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

Magnetic Resonance Imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Neck and Upper Back: MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical & Thoracic Spine Disorders-Diagnostic Investigations (Electronically Cited).

Decision rationale: The progress note reflects that an MRI had been obtained in the past and that the only purpose for repeating the study was to rule out herniated pulses versus degenerative disc disease. However, there is no documentation of any significant trauma, change in the overall clinical situation, neurological abnormalities or increasing neurological symptoms. There

were complaints of pain, and this individual will always have complaints of pain, but there is no physical examination findings to support repeating the MRI based on the clinical examination presented. This is not medically necessary.

Physical Therapy two (2) times four (4) to neck and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98-99 OF 127.

Decision rationale: When noting the date of injury, the injury sustained, the surgical intervention completed and the protracted amount of time when significant narcotic medications are being employed, there is no data presented to suggest that any other than a Home Exercise protocol would be necessary to address the current symptomatology. It is noted that there is some benefit to a home-based exercise protocol that it focuses on cervical spine range of motion, upper extremity stretching and strengthening. But this does not require formal physical therapy and can be accomplished easily on a driven basis.

Soma 350mg #120 times five (5) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma/Carisoprodol Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29 OF 127.

Decision rationale: The MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such, with the very specific recommendation of the MTUS against the use of this medication, this medication is not medically necessary

Trigger Point Injections to the facial musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122 OF 127.

Decision rationale: As outlined in the MTUS, support for this injection therapy is only indicated with (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three

months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Therefore, based on the progress notes presented and by the requirements that must be met, this is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation data points denoting improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.