

Case Number:	CM14-0136189		
Date Assigned:	09/03/2014	Date of Injury:	07/19/2007
Decision Date:	09/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Management 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 62 year old female with an injury date on 07/19/14. Based on the 06/04/14 progress report provided by [REDACTED] the patient complains of neck pain and lower back pain. Her pain range from 2-10/10 for the bilateral posterior neck and 6-10/10 for the bilateral lower back. Valsalva's maneuver is positive for exacerbations of her cervical symptomatology. There is no tenderness along the lumbar spine spinous processes and paraspinal muscles. SLR show no radiating radicular to lower extremities. The diagnoses include the following: 1. Facet arthropathy, lumbar, 2. Post laminectomy syndrome of Cervical Region, 3. Post laminectomy syndrome (FBSS), lumbar, 4. Cervicalgia, 5. Hypertension, unspecified, 6. Arthralgia of thoracic spine, 7. Spondylosis with myelopathy, lumbar, 8. Lumbar degenerative disc disease, 9. Cervical stenosis, 10. Cervicocranial syndrome, 11. Cervicobrachial syndrome (diffuse), 12. Cervical syndrome nec, discogenic pain, 13. Lumbago (low back pain), 14. Radiculopathy, lumbar spine, 15. Disorders of Sacrum, severe pain. [REDACTED] is requesting for Norco 10/325 mg #120, Adderall 5 mg, and MS Contin 60mg #60. The utilization review determination being challenged is dated 08/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/07/14 to 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

Decision rationale: According to the 06/04/14 report by [REDACTED] this patient presents with neck pain and lower back pain. The treater is requesting for Norco 10/325 mg #120. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based upon review of the reports from 03/07/14 to 06/04/14, her pain when taking medications has been 4/10 for the bilateral posterior neck and 3/10 for the bilateral lower back. The patient reports significant pain relief with functional improvements of basic ADL's such as doing light housework, functional transfer, sleeping, turning and turning head. The effects would last 4 hours. No side effects are associated. Given the patient's level of function and how medication has been helpful, is medically necessary.

Adderall 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/adderall-drug/indications-dosage-htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [<http://www.rxlist.com/Adderall-drug/indications-dosage.htm>], "ADDERALL (amphetamine, dextroamphetamine mixed salts) is indicated as an integral part of a total treatment program for Attention Deficit Hyperactivity Disorder (ADHD) and Nacrolepsy.

Decision rationale: According to the 06/04/14 report by [REDACTED], this patient presents with neck pain and lower back pain. The treater is requesting Adderall 5 mg. The report with the request was not provided. [<http://www.rxlist.com/Adderall-drug/indications-dosage.htm>], "ADDERALL (amphetamine, dextroamphetamine mixed salts) is indicated as an integral part of a total treatment program for Attention Deficit Hyperactivity Disorder (ADHD) and Nacrolepsy." Review of the reports show no recent urine drug screen to monitor any aberrant drug related behaviors. In this case, there is no diagnosis of ADD for which this medication may be indicated. The treater does not discuss why this medication is being prescribed and with what effectiveness. Therefore, the request is not medically necessary.

MS Contin 60mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

Decision rationale: According to the 06/04/14 report by [REDACTED], this patient presents with neck pain and lower back pain. The treater is requesting MS Contin 60 mg #60. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based upon review of the reports from 03/07/14 to 06/04/14, her pain when taking medications has been 4/10 for the bilateral posterior neck and 3/10 for the bilateral lower back. The patient reports significant pain relief with functional improvements of basic ADL's such as doing light housework, functional transfer, sleeping, turning and turning head. The effects would last 12 hours. No side effects are associated. Given the patient's level of function and how medication has been helpful, the request is medically necessary.