

Case Number:	CM14-0136640		
Date Assigned:	09/03/2014	Date of Injury:	07/19/1999
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
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 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 injured worker is a 51-year old female who sustained an industrial injury on 7/19/99, when she fell from a ladder and found to have cervical spine and upper extremity injuries. The injured worker's diagnoses include post laminectomy syndrome of the cervical region, lumbo-sacral spondylosis without myelopathy, fibromyalgia, bilateral carpal tunnel syndrome and depression. She was deemed with permanent disability on an industrial basis for cervical spine and fibromyalgia on April 2006. Patient underwent 2 cervical epidural injections after her accident which did not help. She was provided with PT, acupuncture, aqua therapy, chiropractor treatments, and further work up. Patient was found with herniated discs, and subsequently had a C5-6 fusion in April 2010. Consequently, she also received individual psychotherapy for her depression and anxiety. From a disability evaluation note on 12/28/12, she reported "constant" neck pain, and worsening right upper extremity pain and numbness. She continued to be on pain medication. There is a progress note on 7/28/14 stating as a follow up visit and medication refill. Patient's medication regimen included Neurontin, Norco, Dilaudid, Robaxin, Lexapro, Depakote, Lasix and Colace. There was documentation made as to patient's VAS scale(7-day, average 8/10). No documentation made as to muscle spasm symptom. A utilization review determination did not certify the disputed request for Norco, Dilaudid and Robaxin. The stated rationale was due to the fact that there was no documentation of the prescriptions coming from a single practitioner, the lowest possible dose being prescribed, and ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects were recommended. There was also no documentation of acute muscle spasm and the intention to treat over a short period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Section Page(s): 77, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specify for opioid pain medications that monitoring for adverse side effects, analgesic efficacy, functional benefit, and aberrant behaviors are required. There does appear to be monitoring for aberrant behaviors and urine drug testing was performed on January 14, 2014 as well as in September 2013. There is documentation of functional efficacy with improvement in activities of daily living. Analgesic efficacy is also noted. There is no clear-cut documentation of adverse side effects, but a progress note on July 28, 2014 does indicate that the patient is stable on the current medication regimen. The major issue in this case is that the patient is on two short acting opioids (Norco and Dilaudid), and is not on any extended release opioid for her continuous pain. This is the case in spite of the requesting healthcare provider citing guidelines which recommend extended release opiates in the treatment section of a progress note on date of service July 28, 2014. In fact, for both the short acting opioids there is the direction to take every 4 hours as needed for pain. With this level of continuous pain, a long acting agent should be implemented. Therefore this issue needs to be resolved and the Norco is not recommended as medically necessary at this time. Note that this does not mean abrupt cessation of the narcotic, but the requesting provider should either wean the narcotics, or come to a decision to use only one short acting narcotic agent.

Dilaudid 4mg, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria Section Page(s): 77, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specify for opioid pain medications that monitoring for adverse side effects, analgesic efficacy, functional benefit, and aberrant behaviors are required. There does appear to be monitoring for aberrant behaviors and urine drug testing was performed on January 14, 2014 as well as in September 2013. There is documentation of functional efficacy with improvement in activities of daily living. Analgesic efficacy is also noted. There is no clear-cut documentation of adverse side effects, but a progress note on July 28, 2014 does indicate that the patient is stable on the current medication regimen. The major issue in this case is that the patient is on two short acting opioids (Norco and Dilaudid), and is not on any extended release opioid for her continuous pain. This is the case in

spite of the requesting healthcare provider citing guidelines which recommend extended release opiates in the treatment section of a progress note on date of service July 28, 2014. In fact, for both the short acting opioids there is the direction to take every 4 hours as needed for pain. With this level of continuous pain, a long acting agent should be implemented. Therefore this issue needs to be resolved and the Dilaudid is not recommended as medically necessary at this time. Note that this does not mean abrupt cessation of the narcotic, but the requesting provider should either wean the narcotics, or come to a decision to use only one short acting narcotic agent.

Robaxin 500mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 63.

Decision rationale: There was no documentation of acute muscle spasm nor the intention to treat for over a short period of time. The efficacy of muscle relaxants appears to diminish over time, and prolonged use may lead to dependence. In this case, a progress note from July 2014 states the medications have been stable for 6 months. The guidelines do not recommend Robaxin for this duration, and this is not medically necessary.