

Case Number:	CM14-0157146		
Date Assigned:	09/30/2014	Date of Injury:	09/11/2008
Decision Date:	12/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 32-year-old female who has submitted a claim for displacement of cervical intervertebral disc without myelopathy, T8-T9 disc herniation with desiccation, L5-S1 herniated nucleus pulposus, fibromyalgia, anxiety, and depression associated with an industrial injury date of 9/11/2008. Medical records from 2014 were reviewed. The patient was overwhelmed in trying to manage her different symptoms: neck pain, back pain, muscle pain, anxiety, and depression. The patient complained of constant neck pain radiating to bilateral upper extremities, as well as low back pain radiating to bilateral lower extremities. She likewise experienced bilateral shoulder pain, bilateral wrist, and bilateral hand pain associated with numbness and tingling sensation. She had severe insomnia on Seroquel prompting initiation of behavioral treatment. The treatment plan included behavioral fatigue, pain management including lifestyle factors, behavioral sleep retraining, coping skills training, cognitive behavioral strategies, self-management training, symptom management for comorbidities, stress management training, and conscious relaxation training. Physical examination of the cervical and lumbar spine revealed spasm and tenderness. Straight leg raise test was positive bilaterally. Treatment to date has included epidural steroid injection, psychotherapy, behavioral sleep program, physical therapy, ultrasound, TENS unit, acupuncture, and medications such as Cymbalta, clonazepam, Seroquel, and Norco (since at least March 2014). The utilization review from 9/15/2014 denied the request for Norco 10/325mg, #60 because of lack of evidence of functional benefit from medication use; denied referral to fibromyalgia specialist because of no documentation that further evaluation was medically appropriate when diagnostic and therapeutic management had not been exhausted by the treating provider; and denied referral to behavioral specialist because the patient did not present with significant symptoms and did not fail conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg., #60: Upheld

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

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

Decision rationale: As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. 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. In this case, patient has been on Norco since at least March 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg., #60 is not medically necessary.

Referral to behavioral specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 398.

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) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Patient is a diagnosed case of anxiety and depression. The patient was overwhelmed in trying to manage her different symptoms: neck pain, back pain, muscle pain, anxiety, and depression. She had severe insomnia on Seroquel prompting initiation of behavioral treatment. The treatment plan included behavioral fatigue, pain management including lifestyle factors, behavioral sleep retraining, coping skills training, cognitive behavioral strategies, self-management training, symptom management for comorbidities, stress management training, and conscious relaxation training. However, there was no mental status examination submitted for review. The medical necessity for referral to behavioral specialist cannot be established because of insufficient information. Therefore, the request for referral to behavioral specialist was not medically necessary.

Referral to fibromyalgia specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Patient is a diagnosed case of fibromyalgia. The patient was overwhelmed in trying to manage her different symptoms: neck pain, back pain, muscle pain, anxiety, and depression. The patient complained of constant neck pain radiating to bilateral upper extremities, as well as low back pain radiating to bilateral lower extremities. She likewise experienced bilateral shoulder pain, bilateral wrist, and bilateral hand pain associated with numbness and tingling sensation. Physical examination of the cervical and lumbar spine revealed spasm and tenderness. Straight leg raise test was positive bilaterally. However, there was no data concerning presence of tender points to further corroborate presence of fibromyalgia. The medical necessity cannot be established due to insufficient information. Therefore, the request for referral to fibromyalgia specialist was not medically necessary.