

Case Number:	CM14-0157363		
Date Assigned:	09/30/2014	Date of Injury:	07/31/2000
Decision Date:	12/24/2014	UR Denial Date:	08/28/2014
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 Family 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:

Injured worker was a 63-year old female whom experienced an industrial injury 07/10/12. She complained of severe neck pain, frequent headache at the base of her skull, constant muscle spasm at the base of her neck and across her shoulders. She reported she receives 50 percent functional improvement by taking the prescribed medications versus not taking them at all. She was prescribed Duragesic patch at 50 mcg every 3 days, Norco up to 4-5 per day, Maxalt tablets as needed for headaches related to neck injury. She also takes Soma 250 mg 3 times daily to control the chronic neck spasms which she stated is helpful. Upon examination, her neck range is limited, she can rotate to the left 30 degrees, flex and extend 5 degrees. Cervical compression causes neck pain which radiates in the left shoulder blade area and palpation develops muscle rigidity across the cervical paraspinal and cervical trapezius muscles. Diagnoses were history of anterior cervical discectomy and fusion from C4-C7 as well as posterior fusion from C4-C7 and radicular symptoms, left upper extremity. Treatment recommendations included continuation of the narcotics to maintain her level of functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10/325mg day supply 25, quantity 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 29,51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Hydrocodone/APAP tablet; per ODG website

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA 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 opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary.

Methocarbamol tab 750mg day supply 15, quantity 60, refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Methocarbamol; per ODG website

Decision rationale: Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as there is no documentation of spasms on exam and patient has been taking medication for longer than 3 weeks and it is not recommended for long term use. Therefore the request is not medically necessary.