MAXIMUS Federal Services

Case Number:	CM14-0170096		
Date Assigned:	10/20/2014	Date of Injury:	12/13/1995
Decision Date:	12/16/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 Emergency 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 62 year-old female, who sustained an injury on December 13, 1995. The mechanism of injury occurred when she fell off a chair she was standing on. Diagnostics have included: February 12, 2014 drug screen reported as showing positive for hydromorphone, hydrocodone, tricyclic antidepressants. Treatments have included: bilateral carpal tunnel releases, physical therapy, medications, cervical fusion, and lumbar fusion. The current diagnoses are: cervical sprain, low back sprain, s/p cervical fusion, s/p lumbar fusion.The stated purpose of the request for Dilaudid 4mg #120 was not noted. The request for Dilaudid 4mg #120 was denied on October 1, 2014, citing a lack of documentation of functional improvement or measures of opiate surveillance. The stated purpose of the request for Norco 10/325 #90 was not provided. The request for Norco 10/325 #90 was denied on October 1, 2014, citing a lack of documentation of functional improvement or measures of opiate surveillance. The stated purpose of the request for Norflex 100mg was not provided. The request for Norflex 100mg was denied on October 1, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Neurontin 600mg #90 was not provided. The request for Neurontin 600mg #90 was denied on October 1, 2014, citing a lack of documentation of radicular findings on exam. Per the report dated September 8, 2014, the treating physician noted complaints of neck pain, low back pain, worsening left hand and wrist symptoms. Exam findings included painful cervical range of motion, cervical spasms, bilateral positive Tinel signs, limited lumbar range of motion with spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-GoingManagement, Opioids for Chronic Page(s): 78-80 and 80-82.

Decision rationale: The requested Dilaudid 4mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain, low back pain, worsening left hand and wrist symptoms. The treating physician has documented painful cervical range of motion, cervical spasms, bilateral positive Tinel signs, limited lumbar range of motion with spasms. This medication has been prescribed since at least March 2013. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract. The criteria noted above not having been met, Dilaudid 4mg #120 is not medically necessary.

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management,Opioids for Chronic Pain Page(s): 78-80,80-82.

Decision rationale: The requested Norco 10/325 #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures.The injured worker has neck pain, low back pain, worsening left hand and wrist symptoms. The treating physician has documented painful cervical range of motion, cervical spasms, bilateral positive Tinel signs, limited lumbar range of motion with spasms. This medication has been prescribed since at least March 2013. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract. The criteria noted above not having been met, Norco 10/325 #90 is not medically necessary.

Norflex 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Norflex 100mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment.The injured worker has neck pain, low back pain, worsening left hand and wrist symptoms. The treating physician has documented painful cervical range of motion, cervical spasms, bilateral positive Tinel signs, limited lumbar range of motion with spasms. This medication has been prescribed since at least March 2013. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Norflex 100mg is not medically necessary.

Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Neurontin 600mg #90, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, note that anti-epilepsy drugs are " Recommended for neuropathic pain due to nerve damage". The injured worker has neck pain, low back pain, worsening left hand and wrist symptoms. The treating physician has documented painful cervical range of motion, cervical spasms, bilateral positive Tinel signs, limited lumbar range of motion with spasms. This medication has been prescribed since at least March 2013. The treating physician has not documented radicular pain, physical exam evidence of radiculopathy, nor objective evidence of derived functional improvement. The requested Neurontin 600mg #90 is not medically necessary.