

Case Number:	CM14-0172402		
Date Assigned:	10/23/2014	Date of Injury:	11/24/2004
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal 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 61-year-old woman with a date of injury of November 24, 2004. The mechanism of injury was a motor vehicle accident. Pursuant to the progress note dated June 16, 2014, the injured worker complains of constant moderate to severe pain in her neck with stiffness. She rates her pain as 7-8/10. She has neck pain with bilateral upper extremity pain with numbness in the right middle, ring, and small fingers that has progressively worsened in the last year; she is dropping things and had an episode of bladder incontinence. She denies gait disturbances. Physical examination reveals cervical range of motion shows 20 degrees flexion, 0 of extension, and 30 degrees rotation bilaterally. Positive Hoffman's reflex with 2 beats of clonus bilaterally. Decreased sensation to light touch right middle, ring, and small fingers. Current medications include: Norco 10325mg, Baclofen 20mg, and Celexa20mg. There is lack of documented evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of these medications in the medical record. MRI scan dated October 7, 2013 shows moderate to severe canal and foraminal stenosis at C4-C5 and C5-C6, and mild to moderate canal and foraminal stenosis at C6-C7. Diagnoses include spinal stenosis at C4-C7. The injured worker has subjective and objective findings consistent with spinal stenosis with cord compression and early myelopathy. Plan includes surgical decompression of her spinal canal and foramina from C4 to C7 due to her progressive myelopathy and spinal cord compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 (with 1 refill for RX for 9/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Ongoing Opiate Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Ongoing Opiate Use

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #150 with 1 refill is not medically necessary. The guidelines state for ongoing management, "the medical record needs to document four domains." These domains are the most relevant for ongoing monitoring of chronic pain patients on opiates. They include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the injured worker is on Norco for chronic pain however there is no documentation indicating significant pain relief, functional improvement or sustained measurable gains with Norco use. There is no documentation as to an end goal in the medical record nor was there any documentation to indicate compliance screenings with the use of urine drug screens. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325 mg #150 with one refill is not medically necessary.

Baclofen 20mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 20 mg #90 with one refill is not medically necessary. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations of chronic low back pain (Baclofen). In this case, the injured worker has chronic neck pain, upper back pain and sharp pains in the biceps area. The documentation of the record does not support the use of ongoing long term use of Baclofen. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines Baclofen 20 mg #90 with one refill is not medically necessary.

Celexa 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI, Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); SSRI, Antidepressants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celexa 20 mg #30 with one refill is not medically necessary. The guidelines state selective serotonin reuptake inhibitors is a class of antidepressants and are controversial controlled trials. The main role of this drug class may be in addressing psychological symptoms associated with chronic pain. In this case, there is no documentation of depression or any other psychological complaints. The documentation does not reflect and, consequently support the use of or indications for Celexa. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Celexa 20 mg #30 with one refill is not medically necessary.