MAXIMUS Federal Services

Case Number:	CM14-0181583		
Date Assigned:	11/06/2014	Date of Injury:	06/03/2007
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 57 year old female with an injury date of 06/03/07. The 09/30/14 report by [redacted] states that the patient presents with constant sharp, cramping, aching pain in the neck, shoulder and upper back. Associated symptoms include weakness and locking. Sleep is affected by pain and current pain is rated 7/10. The 05/30/14 report states the patient is disabled. Examination reveals limited range of motion of the lumbar spine with positive SI joint compression test and Patrick's test. The patient's diagnoses include:1. Sprains and strains of neck2. Cervical Radiculopathy3. Impingement , shoulder4. Bicipital TenosynovitisCurrent medications are listed as Sertraline, Biofreeze, Tizanidine, Norco, Lyrica and Butrans patch. The utilization review being challenged is dated 10/01/14. Reports were provided from 04/24/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: The patient presents with neck, shoulder and upper back pain rated 7/10 with associated weakness and locking. The treater requests for: NORCO 5/325 mg #60 (Hydrocodone an opioid). The reports shows the patient has been taking this medication since at least 04/28/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided state that Norco has provided good results for the patient and medications allow her to at least tolerate less than normal activities throughout the day. The treater also states that she tolerates her medications reasonably well and they help her to function. Pain is routinely assessed through the use of pain scales and is recorded to be 5-6/10 from 04/28/14 to 09/02/14 and 5-7/10 on 09/30/14. The treater states on 09/30/14 that the patient is able to complete the following activities of daily living with no difficulty: dressing and driving (which show improvement since 04/28/14). The following activities are still accomplished with some difficulty: bathing, cleaning, cooking and grooming. Opiate management issues are partially addressed. The patient is counseled on the use and benefits of the medications and it is noted there are no adverse side effects or aberrant behavior. However, no urine toxicology reports are provided or discussed and there is no discussion of CURES. Outcome measures are documented. In this case, it does not appear there is adequate documentation of opiate management due to lack of UDS. Furthermore, lack of change in the level of pain from 5-6/10 to 5-7/10 does not appear to warrant continued use of long-term opiates. The request is not medically necessary.

Lyrica 150mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Pregabalin (LyricaÂ®)

Decision rationale: The patient presents with neck, shoulder and upper back pain rated 7/10 with associated weakness and locking. The treater requests for: LYRICA 150 mg #60 (Pregabalin). The reports show the patient has been taking this medication since at least 04/28/14. MTUS pages 19-20 states that" Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia" ODG guidelines state that this medication is"Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." The treater states that the patient has had good results with Lyrica, but does not state the intended use. The reports further state medications allow her to at least tolerate less than normal activities throughout the day and that she tolerates medications well and they help her to function. In this case, the patient presents with neuropathic pain for which the medication is indicated and the treater states it helps the patient. The request is medically necessary.

Butrans patch 10mcg, #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: The patient presents with neck, shoulder and upper back pain rated 7/10 with associated weakness and locking. The treater requests for: BUTRANS PATCH 10 mcg #4 (Buprenorphine a partial opioid agonist). The reports show the patient has been taking this medication since at least 04/28/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided state that Butrans has provided good results for the patient and medications allow her to at least tolerate less than normal activities throughout the day. The treater also states that she tolerates her medications reasonably well and they help her to function. Pain is routinely assessed through the use of pain scales and is recorded to be 5-6/10 from 04/28/14 to 09/02/14 and 5-7/10 on 09/30/14. The treater states on 09/30/14 that the patient is able to complete the following activities of daily living with no difficulty: dressing and driving (which show improvement since 04/28/14). The following activities are still accomplished with some difficulty: bathing, cleaning, cooking and grooming. Opiate management issues are partially addressed. The patient is counseled on the use and benefits of the medications and it is noted there are no adverse side effects or aberrant behavior. However, no urine toxicology reports are provided or discussed and there is no discussion of CURES. Outcome measures are documented. In this case, it does not appear there is adequate documentation of opiate management due to lack of UDS. Furthermore, lack of change in the level of pain from 5-6/10 to 5-7/10 does not appear to warrant continued use of long-term opiates. The request is not medically necessary.

X-rays flexion/extension cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography, Chronic neck pain Chapter

Decision rationale: The patient presents with neck, shoulder and upper back pain rated 7/10 with associated weakness and locking. The treater requests for: X-rays Flexion/Extension Cervical Spine, (ODG) guidelines, Radiography, states not recommended except as indicated. Indications include: Chronic neck pain, patient older than 40, no history of trauma, first study.

On 09/02/14 [redacted] states that he would like a cervical spine x-ray series as the patient is over age 40 with chronic persistent condition of the neck with pain and spasms. The treater would like to check for spondylosis and instability. The reports provided show no evidence of trauma or prior studies for this patient. The request is medically necessary.