

<b>Case Number:</b>	CM14-0030629		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 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 female who reported an injury on 01/12/2012. The mechanism of injury was from a motor vehicle accident. Her diagnoses include cervicalgia and rib contusion. Her previous treatments include medications, physical therapy, and injections. Per the clinical note dated 01/07/2014, the injured worker reported she was in for a follow-up evaluation for her cervical pain. She reported she was experiencing back stiffness, numbness and tingling, in the right and left arm, radicular pain in the right and left arm, and weakness in the right and left arm. Her neck pain occurred as a result of a work injury. She reported her pain was a 4/10 to 5/10 but she had no pain at the present moment. She described the pain as aching, burning, deep, pressure, radiating, soreness, stiffness, numbness in the fingertips shooting down to fingers and into arms. The patient reported that turning her neck to the left and right increases pain. On physical examination of the cervical spine, the physician reported she had pain to palpation over the C2-3, C3-4, and C5-6 facet capsules with bilateral secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears bilaterally, positive maximal foraminal compression test bilaterally, and a no pain with Valsalva. On physical examination of the thoracic spine, the physician reported she had pain with Valsalva, pain to palpation over the T5-6, and the T7-8 spinous process, pain with extension possibly indicative of discogenic thoracic pain, restricted respiration effort due to pain with effort and secondary myofascial pain with triggering. The physician indicated there had been no change in her presentation and she continued to have severe pathologies. The physician's treatment plan included a request for medications for 1 month or Norco 10/325 mg and MS Contin 15 mg. per a urine drug screen dated 01/05/2014, it was positive for MS Contin and Norco of which was consistent with her medications. Per the clinical note dated 02/14/2014, the injured worker continued to have complaints of low back pain. The physician reported the

injured worker had no changes in presentation and continued to have severe pathologies. The treatment plan included prescriptions for medications for 1 month, a request for a thoracic epidural steroid injection, and a psychiatric evaluation. The current request is for MS Contin 15 mg #90 and Decision for Norco 10/325 mg #90. The rationale for the request was not provided in the medical records. The request for authorization was provided on 02/19/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS Contin 15 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute and Chronic).

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

**Decision rationale:** The request for MS Contin 15 mg #90 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include routine office visits and detailed documentation of the extent of pain relief, functional status in regards of activities of daily living, appropriate medication use, and/or aberrant drug taking behaviors, and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioids, how long it takes for pain relief, and how long the pain relief lasts. The documentation submitted for review indicated that the injured worker had complaints of pain; however, it was not measured in a pain scale with and without medications. The clinical documentation also failed to provide a functional pain assessment to indicate pain relief, functional status in regards to activities of daily living, appropriate medication use, and/or aberrant drug taking behaviors and any adverse side effects. Therefore, despite the injured worker continuing to have chronic pain, the information failed to provide the appropriate requirements per the guidelines to support the request. As such, the request for MS Contin 15 mg #90 is not medically necessary.

**Norco 10/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute and Chronic).

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

**Decision rationale:** The request for Norco 10/325 mg #90 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include routine office visits and detailed documentation of the extent of pain

relief, functional status in regards to activities of daily living, appropriate medication use, and/or aberrant drug taking behaviors, and adverse side effects. The pain assessment should include current pain, the least reported pain, over the period since last assessment, average pain, and intensity of pain after taking the opioids, how long it takes for pain relief, and how long the pain relief lasts. The documentation submitted for review indicated that the injured worker had complaints of pain; however, it was not measured in a pain scale with and without medications. The clinical documentation also failed to provide a functional pain assessment to indicate pain relief, functional status in regards to activities of daily living, appropriate medication use, and/or aberrant drug taking behaviors and any adverse side effects. Therefore, despite the injured worker continuing to have chronic pain, the information failed to provide the appropriate requirements per the guidelines to support the request. As such, the request for Norco 10/325 mg #90 is not medically necessary.