

Case Number:	CM14-0031771		
Date Assigned:	06/20/2014	Date of Injury:	10/04/2012
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology 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 48 year old female who sustained an injury on 10/04/12 when she stood up striking the top of her head as well as injuring the right side of the neck and right shoulder. Prior treatment has included physical therapy as well as medications. Medications have included narcotic medications as well as Omeprazole, Motrin and Robaxin. Urine drug screen reports from 2013 were consistent for Hydrocodone. Electrodiagnostic studies were noted to be positive for mild sensory median nerve neuropathy across the wrist. The injured worker was being followed by a treating specialist for pain management. The treating specialist reports indicated the injured worker had been unresponsive to conservative treatment to include oral pain medications. There was a urine drug screen from December 2013 which was again positive for Hydrocodone. Further urinalysis was recommended by another treating physician on 12/12/13. The clinical report on 01/23/14 noted multiple complaints including pain at the right shoulder, right elbow, neck and low back. With medications the injured worker reported between 4-7/10 on the visual analogue scale (VAS). Physical examination noted nonspecific tenderness in the right shoulder with more moderate tenderness at the supraspinatus and infraspinatus in the right shoulder. There was mild tenderness over the medial and lateral epicondyle of the right elbow. Sensory deficits were present in a C5-6 distribution in the right upper extremity. There was tenderness to palpation in the cervical spine with limited range of motion. Tenderness and spasms were also noted in the lumbar spine. Range of motion was restricted. Prescription medications at this evaluation included Robaxin 750 mg 3 times daily with 4 refills. The injured worker was also prescribed Hydrocodone 10/325 mg 4 times daily and Motrin 800 mg 3 times daily both with 4 refills. Further urine drug screen reports from 01/23/14 were again positive for Hydrocodone. The requested retrospective urine drug screen completed 01/23/14, follow up with pain management, Robaxin 500 mg with 4 refills, Norco 10/325 mg quantity 120 with 4 refills,

and chiropractic therapy 2 x 6 for the cervical spine were all not medically necessary by utilization review on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen, done 1/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Procedure Summary- Pain, Urine Drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, urine drug screen.

Decision rationale: In regards to the request for the retrospective urine drug screen completed on 01/23/14, this reviewer would not have recommended this request as medically necessary. The injured worker has had consistent urine drug screens multiple times throughout 2013. The injured worker had previously had a urine drug screen in December 2013 which was again consistent for Hydrocodone use. The clinical documentation did not present any concerns regarding possible medication abuse or diversion. No elevated risk factors for medication abuse were noted in the clinical records that would support the frequency of urine drug screens completed for this injured worker through 01/23/14. As such, the request is not medically necessary.

Follow up with Pain Management: Overturned

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 CHAPTER 7 Page(s): 32.

Decision rationale: In regards to the request for follow up with the pain management physician who was providing the injured worker multiple prescription medications for chronic pain to include narcotics, anti-inflammatories and muscle relaxers. Given these medications prescribed to the injured worker, it is this reviewer's opinion, that follow up with pain management was medically appropriate in order to effectively manage the injured worker's prescription medications and to facilitate functional improvement. Therefore, this request is medically necessary.

Robaxin 500 mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Robaxin 500 mg with 4 refills, this reviewer would not recommended this medication as medically necessary based on review of the clinical documentation submitted for review as well as current evidence based guidelines. The clinical documentation submitted for review would not have supported 4 refills of muscle relaxers such as Robaxin. Guidelines do not recommend extended periods of muscle relaxers as there is insufficient evidence in the clinical literature establishing the efficacy with extended use of muscle relaxers. Therefore, the request is not medically necessary.

Norco 10/325 mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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

Decision rationale: In regards to the request for Norco 10/325 mg #120 with 4 refills, this reviewer would not have recommended this medication as medically necessary. Norco is a short acting narcotic which can be considered an option for the treatment of moderate to severe musculoskeletal pain. Per guidelines, there should be ongoing assessments establishing the efficacy of Norco in terms of functional improvement and pain reduction. Given the need for ongoing assessments, four refills as requested would have been excessive and not medically appropriate. Furthermore, the clinical documentation provided for review did not specify any functional benefits or pain reduction attributed to the continuing use of Norco which would have supported its ongoing use.

Chiropractic 2x6 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: In regards to the request for chiropractic treatment for 12 sessions for the cervical spine, this reviewer would not have recommended this request as medically necessary. The clinical documentation submitted for review did not clearly identify any functional benefits obtained with previous chiropractic treatment. It is unclear how continuing chiropractic therapy would have addressed an injury almost two years old. Furthermore, the request was excessive in regards to the number of sessions as guidelines recommend short term use of chiropractic therapy of no more than 6 sessions initially to determine the efficacy of chiropractic therapy before recommending further treatment.

