

Case Number:	CM14-0065082		
Date Assigned:	07/16/2014	Date of Injury:	02/22/2011
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, headaches, neck pain, and shoulder pain associated with an industrial injury of February 12, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, unspecified amounts of manipulative therapy, unspecified amounts of acupuncture, multilevel cervical fusion surgery, and extensive periods of time off of work. In a February 28, 2014 progress note, the applicant was described as having persistent complaints of headaches and neck pain. The claimant stated that her headaches were unabated. The applicant was still using a cervical collar for two to three hours a day. The applicant had completed 17 sessions of postoperative manipulative therapy with little relief. The applicant stated that ongoing usage of Norco was diminishing her pain and allowing her to do home exercises and perform activities of daily living such as washing dishes and cleaning laundry. Flexeril, Elavil, and Terocin were also somewhat beneficial. Multiple medications were refilled. The applicant was asked to follow up with her neurologist, [REDACTED], for ongoing management of her headaches. A rather proscriptive 5-pound lifting limitation was endorsed. The applicant did not appear to be working with said limitation in place. In a questionnaire dated February 28, 2014, the applicant herself acknowledged that she was not working. The applicant stated that she was felt she was worsening. On an office visit of October 23, 2013, the applicant was described as four months removed from a cervical fusion surgery. 8/10 pain was noted. The applicant stated that Norco was diminishing her pain complaints and allowing her to perform household chores, sleeping, and cooking. Well-preserved, 5/5 bilateral upper extremity strength was noted with a well-healed surgical incision site. Norco, Flexeril, and Terocin were endorsed. The applicant was asked to

continue following up with her neurologist for reportedly severe headaches which had all developed postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 90 DOS: 10/23/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reporting appropriate analgesia with Norco. The applicant did report that ongoing usage of Norco had diminished her pain levels to the point where she was able to perform household chores, perform cooking, cleaning, etc. Thus, on balance, it did appear that ongoing usage of Norco was generating some benefit, although it is acknowledged that the applicant had seemingly failed to return to work. Nevertheless, on balance, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Therefore, the request is medically necessary.

Flexeril 7.5 #60 DOS: 10/23/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and topical agents. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Terocin Patches, 2 boxes DOS: 10/23/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines .MTUS , Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, effectively obviates the need for largely experimental topical agents such as Terocin. Therefore, the request is not medically necessary.

Follow-up with [REDACTED] for severe headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant had ongoing complaints of headaches, reportedly severe. The applicant's primary treating provider had suggested that she follow up with a headache specialist/neurologist, [REDACTED]. Given the applicant's persistent complaints, this was indicated. Therefore, the request was medically necessary.