

Case Number:	CM14-0074575		
Date Assigned:	07/16/2014	Date of Injury:	11/14/2006
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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 and 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:

This 54-year-old patient sustained an injury on 11/14/06 while employed by [REDACTED]. Request(s) under consideration include MS Contin 30mg #45 and Norco 10/325mg #90. Diagnoses include Cervicalgia; Brachial neuralgia/radiculitis; cervical intervertebral disc degeneration/ displacement without myelopathy; shoulder joint. Review indicated the patient is s/p anterior cervical fusion of C5, C6; status/post endoscopic surgery of left shoulder. MRI of cervical spine dated 9/29/10 revealed surgical fusion C5-6; no evidence of central canal or foraminal stenosis. EMG/NCV (Electromyogram/ Nerve conduction velocity) of 11/8/11 showed no evidence of cervical radiculopathy, brachial plexopathy or median and ulnar nerve entrapment. Conservative care has included medications, chiropractic care, physical therapy, modified activities/rest, acupuncture, and epidural steroids. Report of 5/16/14 from the provider noted the patient with chronic neck, bilateral upper extremity including the shoulder pain with weakness; pain rated at 3/10 with medications and 5/10 without; MS Contin was working well along with taking 4/day of Norco as needed for breakthrough. The patient felt medications side effects include constipation and GI distress associated with chronic NSAID use. Medications list Omeprazole; Colace; Senokot; Gabapentin; Amitriptyline; MS Contin; Naproxen; Norco; Albuterol; Effexor; Epipen; and Levsin. Exam showed cervical spine with restricted range; tenderness of paracervical muscles, rhomboid; negative facet loading; shoulder with limited range in all planes; positive Hawkins; negative Yergason's and Speeds; positive Hawkins with well-healed 3 export scars in left shoulder; motor strength of 5/5 throughout bilateral upper extremity muscles except for 4/5 on left shoulder external rotation with intact sensation in extremities examined. Diagnoses list post cervical laminectomy syndrome; disc disorder; shoulder pain bilaterally; cervical radiculopathy/pain. Treatment plan included refill of opioids and other meds; repeat EMG/NCS and cervical epidural steroid injection. Request(s) for MS

Contin 30mg #45 was modified for quantity of #30 and Norco 10/325mg #90 was modified for quantity of #45 to assist in weaning on 5/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christie, TX; www.odg-twc.com; Section: Neck & Upper Back (Acute & Chronic) updated 4/14/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The MS Contin 30mg #45 is not medically necessary and appropriate.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christie, TX; www.odg-twc.com; Section: Neck & Upper Back (Acute & Chronic) updated 4/14/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be

reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg #90 is not medically necessary and appropriate.