

Case Number:	CM14-0187930		
Date Assigned:	11/18/2014	Date of Injury:	06/07/2009
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/11/2014

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 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 37 year old female sustained an injury on June 7, 2009. The mechanism of injury or the results radiographic studies were not in the provided medical records. Diagnoses included cervical pain, mood disorder, and hand joint pain. Recent signs and symptoms included continued neck pain, which was from the prior physician's visit. On October 14, 2014, the primary treating physician noted the neck pain was moderate with medications, and severe without medications. The injured worker's activity level had decreased, but she was able to work and perform her activities of daily living when taking her pain medications. The physical exam revealed the injured worker appeared mildly depressed, in moderate to severe pain, and had no signs of intoxication or withdrawal. There was moderately decreased neck range of motion. The paravertebral muscles were tender with a tight band and trigger point with a twitch response and radiating pain upon palpation on bilateral sides of the paravertebral muscle. The paracervical muscles, rhomboids, and trapezius were tender. The Spurling's maneuver was negative, the reflexes of the upper extremities were normal, and there was no impairment on motor examination. The bilateral hands and wrists had a slight ulnar deviation, and the right thumb and forefinger were swollen. The physician noted the injured worker was attempting to taper and wean off her pain medication, but she had experienced diarrhea, nausea, and muscle cramps, which are symptoms associated with withdrawal. The injured worker still wanted to taper and wean off her pain medication. The medical records refer to current chiropractor care, but do not provide specific dates of service or results. The injured worker felt the chiropractor care was beneficial. Current medication included topical anti-inflammatory, oral anti-inflammatory, analgesic, and muscle relaxant medications. The physician recommended an ergonomic evaluation at work, psychology sessions for chronic pain coping skills, trial use of her home transcutaneous electrical nerve stimulation (TENS) unit for pain flare-ups, consider 1 session of

physical therapy for TENS instruction, request additional chiropractor care, and decreased the pain medication dosage. Work status was described as modified duty. On October 30, 2014, Utilization Review modified prescriptions for Ibuprofen 600mg tab #60 and Norco 10-325mg tab #45. The Ibuprofen was modified based on documentation of possible decreased efficacy of the injured worker medications, and the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines for NSAID (Non-steroidal anti-inflammatory drug) was cited. The Norco was modified based on lack of documentation of a recent urine drug screen to support the injured worker's being compliant with the Norco regimen, and the California Medical Treatment Utilization Schedule (MTUS), Chronic Pain guidelines for continuing the use of opioid medications was cited. The underlying date of injury in this case is 06/07/2009. The date of the utilization review under appeal is 10/30/2014. The patient's treating diagnosis is cervical pain. On 10/14/2014, the patient was seen in follow-up regarding neck pain. The patient's pain had been unchanged since the prior visit. On 10/14/2014, the patient was seen in primary treating physician follow-up. The patient rated her pain without medications as 9 on a scale from 1 to 10 and reported pain with medications as 5 on a scale from 1 to 10. The patient reported that she went back to work and was performed activities of daily living with pain medication. On exam, the patient appeared mildly depressed and had mild to moderate pain with good communication ability and no signs of intoxication or withdrawal. The patient had restricted cervical range of motion due to pain. The treating physician noted the patient was trying to taper Norco and eventually weaning it off and was having difficulty with withdrawal symptoms including diarrhea, nausea, and muscle cramps. The treating physician discussed a low-dose muscle relaxant for related muscle spasms. The treating physician also noted that a psychological treatment was denied and this would be appealed since the request specifically for psychological treatment as part of a chronic pain coping skills. An initial physician review recommended non-certification of ibuprofen due to reported diminishing effect of this medication. This review also recommended non-certification of Norco based upon the lack of a recent urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg tab, 1 twice daily as needed #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. The prior physician review notes that the medical records document diminishing effectiveness of medications. However, the medical records indicate as well that the patient has been successful in returning back to work. Equally important, the medical records indicate that the patient is attempting a taper of opioid medication; reducing other medication classes would not be indicated at a time when a patient is tapering opioids. Moreover, again the

patient reports subjective pain relief on a visual analog pain scale and the ability to return to work. These are significant clinical factors consistent with the treatment guidelines. This request is medically necessary.

Norco 10/325mg tab, 1-2 daily as needed #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, discuss the four A's of opioid management, recommending ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Moreover, these guidelines recommend gradual taper of opioid medication. The prior reviewing physician indicated that there was no evidence of urine drug screening and therefore the medication should be noncertified. However, the treating physician notes outline an ongoing attempt to taper opioid medication and a plan to assist the patient with a gradual taper. This request for Norco is supported by the medical records and treatment guidelines and is medically necessary.