

Case Number:	CM14-0189743		
Date Assigned:	11/20/2014	Date of Injury:	02/16/1996
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 62-year old female who was injured on 2/16/1996. The diagnoses are status post cervical fusion, cervicogenic headache, neck and low back pain. There are associated diagnoses of depression and anxiety. The past surgery history is significant for cervical discectomy fusion. On 10/9/2014, there was subjective complaint of neck pain and headache associated with numbness of the left hand. There is a history of a recent stroke with right sided weakness. There is objection finding of right hand contractures and tenderness over the cervical spine with generalized decreased range of motion. The pain score was rated at 10/10 without medications but 4/10 with medications on a scale of 0 to 10. The patient reported functional improvement with utilization of the pain medications. The medications are Norco for pain, Cymbalta for depression and anxiety and Fiorinal for headache. A Utilization Review determination was rendered on 10/30/2014 recommending modified certification for Norco 10/325mg #45 to #25 and Fiorinal #45 to #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Headache

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain when standard treatments with NSAID and PT have failed. The records indicate that the patient had a recent stroke. There is documentation of severe pain rated at 10/10 that is complicated by central pain syndrome and recurrent headache. The patient reported significant pain relief with functional restoration with the utilization of the medications. There is no reported adverse effect or aberrant medication behavior. The Norco 10/325mg, #45 is medically necessary.

Florinal #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Headache

Decision rationale: The CA MTUS and the ODG guidelines recommend that migraine medications can be utilized for the treatment of exacerbation of severe headache when standard treatments with simple analgesics have failed. The records indicate that the patient had a recent stroke. There is documentation of severe pain rated at 10/10 that is complicated by central pain syndrome and recurrent headache. The patient reported significant pain relief with functional restoration with the utilization of the medications. There is no reported adverse effect or aberrant medication behavior. The Florinal #45 is medically necessary.