

Case Number:	CM14-0190344		
Date Assigned:	11/21/2014	Date of Injury:	07/31/2010
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 57 year old female with an injury date of 07/31/10. Based on the 07/29/14 progress report, the patient complains of pain in her cervical spine, lumbar spine, bilateral shoulder, bilateral wrist, bilateral hand, and bilateral knee. Her cervical spine pain radiates to her right upper extremity. Her lumbar spine pain radiates down to her bilateral lower extremities. She rates her pain between a 6-8/10. The patient has multiple trigger points of the bilateral upper trapezius muscles which are tender to touch. The cervical spine has a decreased range of motion. There is bilateral trapezius multiple trigger points and myofascial pain syndrome. There were also trigger points in the extensor muscles of the left hand and tenderness over the left lateral epicondyle of the elbow. The patient has pain and tenderness over the medial and lateral portions of the bilateral knees. The 08/26/14 report indicates that the patient's lumbar spine pain radiates to her bilateral lower extremities and also extends to her toes bilaterally. Her bilateral wrist pain is worsening. She has numbness and tingling in her bilateral hands. The patient has palpable tenderness over the left lateral elbow. Cozen's sign is positive. In the 09/09/14 report, the patient continues to rate her pain as a 6-8/10. The patient's diagnoses include the following: 4-mm C6-C7 disc bulge and bone spur with severe left neural foraminal narrowing and moderate right neural foraminal narrowing; C5-C6, 3-mm retrolisthesis with a 4-mm disc bulge and bone spurs causing mild stenosis; Two-level lumbar disc herniation at L3-L4 and L4-L5; Bilateral posterior tibial tendon dysfunction; Bilateral moderate carpal tunnel syndrome; right wrist TFCC tear; left ankle chronic sprain rule out derangement; Myofascial pain syndrome; rule out additional discopathy, lumbar spine. The utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 03/10/14- 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg times 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89, 78.

Decision rationale: According to the 09/09/14 report, the patient presents with pain in her cervical spine, lumbar spine, bilateral shoulder, left elbow, bilateral wrist, and bilateral hand. The request is for NORCO 10/325 MG TIMES 60 for pain. The patient has been taking Norco as early as 03/10/14. The 04/21/14 report says "she does take Norco that controls her pain from 9/10 to 5-6/10 allows her to continue working. There are no signs of abuse, overuse, or adverse reactions. The 06/26/14 report indicates that "she does take Norco and it helps decrease her pain from a 7-8 down to 5 or 6 and allows her to continue working." The 07/29/14 report states that "the patient has been taking Norco and reports improvement in her pain level from 9/10 to 5/10." The 08/26/14 report says that the patient has previously "signed an opiate contract." The 09/09/14 report indicates that with Norco, the patient's pain decreases from a 6-8/10 to a 4/10. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there are no discussions provided on the patient's side effects nor are there any examples of changes in activities of daily living. The 09/09/14 report states that the patient's "work status remains the same which is lifting limited to 20 pounds." Although the patient is working, it is not known whether or not opiates are helping the patient perform the work duties. Recommendation for further use of Norco cannot be supported as the provider does not provide any specific functional improvement, or changes in ADL's as required by MTUS for opiate management. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The request is not medically necessary.

Consult with [REDACTED] for left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127 Consultation

Decision rationale: According to the 09/09/14 report, the patient presents with pain in her cervical spine, lumbar spine, bilateral shoulder, left elbow, bilateral wrist, and bilateral hand. The request is for consult with [REDACTED] for left elbow due to her worsening pain. There is no rationale provided. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS page 8 also require that the provider provide monitoring of the patient's progress and make appropriate recommendations. In this case, the provider is concerned for the patient's left elbow and is seeking additional recommendations from [REDACTED]. Given the patient's chronic pain, a second opinion appears medically reasonable. The request is medically necessary.

Urine Toxicology Screen: Upheld

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

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 testing (UDS)

Decision rationale: According to the 09/09/14 report, the patient presents with pain in her cervical spine, lumbar spine, bilateral shoulder, left elbow, bilateral wrist, and bilateral hand. The request is for Urine Toxicology Screen. There is no rationale provided. Regarding urine drug screens, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The available medical records indicate that the patient is currently taking Norco (there are no other listed medications). There are no prior urine drug screens provided for review. While the provider does not discuss the patient's "risk assessment," MTUS recommends an initial screening and a follow-up within the first 6 months, for a total of two per year. The request is within guidelines. The request is medically necessary.

Consult with [REDACTED] for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127 Consultation

Decision rationale: According to the 09/09/14 report, the patient presents with pain in her cervical spine, lumbar spine, bilateral shoulder, left elbow, bilateral wrist, and bilateral hand. The request is for consult with [REDACTED] for the cervical spine due to her worsening pain in the cervical spine. There is no rationale provided. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS page 8 also require that the provider provide monitoring of the patient's progress and make appropriate recommendations. In this case, the provider is concerned for the patient's cervical spine and is seeking additional recommendations from [REDACTED]. Given the patient's chronic pain, a second opinion appears medically reasonable. The request is medically necessary.