

Case Number:	CM14-0193209		
Date Assigned:	12/01/2014	Date of Injury:	10/08/2010
Decision Date:	01/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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 patient sustained an injury on 10/8/10 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90 and chronic pain self-management consultation, with report fee. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/27/14 from the provider noted the patient with chronic ongoing pain symptoms; previous injection for inguinal neuralgia was denied. Medications list Clonazepam, Hydrocodone, and Dexilant. Exam has not identified any changed findings with the patient remaining total temporary disability (TTD) status. Treatment plan included medication refill of Norco, HELP evaluation for interdisciplinary pain rehabilitation program. The request(s) for Norco 10/325mg #90 was modified for #60 for weaning and chronic pain self-management consultation, with report fee was non-certified on 11/12/14 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:

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

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

Decision rationale: This patient sustained an injury on 10/8/10 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90 and chronic pain self-management consultation, with report fee. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/27/14 from the provider noted the patient with chronic ongoing pain symptoms; previous injection for inguinal neuralgia was denied. Medications list Clonazepam, Hydrocodone, and Dexilant. Exam has not identified any changed findings with the patient remaining TTD status. Treatment plan included medication refill of Norco, HELP evaluation for interdisciplinary pain rehabilitation program. The request(s) for Norco 10/325mg #90 was modified for #60 for weaning and chronic pain self-management consultation, with report fee was non-certified on 11/12/14. 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 functional 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 for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #90 is not medically necessary and appropriate.

Chronic pain self-management consultation, with report fee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs FRP (Functional Restoration Programs). Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs FRP (Functional Restoration Programs) Page(s): 30-34, 49. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations page 127.

Decision rationale: This patient sustained an injury on 10/8/10 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90 and chronic pain self-management consultation, with report fee. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/27/14 from the provider noted the patient with chronic ongoing pain symptoms; previous injection for inguinal neuralgia was denied. Medications list Clonazepam, Hydrocodone, and Dexilant. Exam has not identified any changed

findings with the patient remaining TTD status. Treatment plan included medication refill of Norco, HELP evaluation for interdisciplinary pain rehabilitation program. The request(s) for Norco 10/325mg #90 was modified for #60 for weaning and chronic pain self-management consultation, with report fee was non-certified on 11/12/14. Symptoms are unchanged without any new trauma or progressive clinical change. The patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains unchanged with continued chronic pain symptoms on same unchanged non-complex medication profile for this chronic injury. Submitted reports have not adequately demonstrated any clear or specific indication or diagnoses indicative of a pain consultation for uncomplicated diffuse complaints of spine and joint pain currently under the care of the neurological provider. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. Additionally, Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to return to work. The Chronic pain self-management consultation, with report fee is not medically necessary and appropriate.