

<b>Case Number:</b>	CM14-0202545		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 57 year-old male with date of injury 10/18/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/07/2014, lists subjective complaints as pain in the neck and persistent headaches. Objective findings: Examination of the cervical spine revealed tenderness and a tight muscle band bilaterally. Range of motion was restricted in all planes by pain. Spurling's maneuver caused pain in the muscles of the neck radiating to the bilateral upper extremities. On sensory examination, light touch sensation was decreased over the upper extremity throughout. Diagnosis: 1. Cervical pain 2. Cervical radiculopathy 3. Postconcussion syndrome 4. Shoulder pain. The medical records supplied for review documents that the patient had been taking Naprosyn for at least as far back. It was noted that the patient had previously taken Norco, but had discontinued it. No dates were provided to clarify as to exactly when. Medication: 1.Naprosyn 500mg, #30 SIG: take 1 daily as needed. 2.Norco 5/325, #60 SIG: take 1 twice daily as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the brain non contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), MRI (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that indications for magnetic resonance imaging of the brain are: 1) To determine neurological deficits not explained by CT, 2) To evaluate prolonged interval of disturbed consciousness, and 3) To define evidence of acute changes super-imposed on previous trauma or disease. The patient has a long history of headaches with no documentation of changes. There is no documentation in the patient's medical record of any of the above criteria. MRI of the brain non contrast is not medically necessary.

**10 sessions of pain coping skills group:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Ten sessions of pain coping skills group is not medically necessary.

**Naprosyn 500mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term

effectiveness for pain or function. The medical record contains no documentation of functional improvement. Naprosyn 500mg #30 is not medically necessary.

**Norco 5/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient has not been taking opiates, although it is unknown how long they have been discontinued. A trial of opioids is warranted, that the patient must show the above criteria for continuation. I am reversing the previous utilization review decision. Norco 5/325 mg, #60 is medically necessary.