MAXIMUS Federal Services

Case Number:	CM14-0205593		
Date Assigned:	12/17/2014	Date of Injury:	04/28/2008
Decision Date:	02/06/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal Medicine and is licensed to practice in New York. 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 55 year old female waitress with a date of injury of 04/28/2008. She had a repetitive use injury. She had neck, bilateral shoulder, bilateral knee and lumbar pain. She had arthroscopic surgery of her right knee on 12/12/2008 (debridement for chondromalacia with removal of loose body). On 06/02/2009 a right knee MRI revealed a torn lateral meniscus. On 06/09/2009 she had a cervical spine MRI that revealed degenerative changes with moderate foraminal stenosis and encroachment of C4, C5, C6 and C7 nerve roots. There was also mild spinal stenosis. On 07/08/2014 she had neck pain radiating to both shoulders. She also had right hand numbness and tingling. On 10/07/2014 she had neck, back, bilateral shoulder and bilateral knee pain. She had cervical and lumbar tenderness and spasm. Straight leg raising was positive bilaterally. She requested refills of her medications from an orthropedist. Her last office visit with this orthopedist was on 06/08/2013 and it was noted, "The patient has not seen any other physician since her last visit." She was P&S 01/15/2013. There was tenderness to palpation at C4 - C7. Right C4- C5 was 4/5. There was decreased sensation at C5-C8 on the right and C6-C8 on the left. Spurling, Phalen and Tinel signs were negative. Right shoulder Neer test was positive. There was right shoulder tenderness with mild decreased range of motion. Gait was normal. Lumbar range of motion was decreased. She had bilateral medial and lateral joint line tenderness on examination of her knees. McMurray sign was positive bilaterally and Lachman was negative bilaterally. Both knees were stable. Motor strength at quadriceps and hamstrings was 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, MTUS (Effective July 18, 2009) page 78, 4) On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from asingle pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose.This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drugescalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. There is insufficient documentation to substantiate that the above criteria for on-going opiate treatment have been met.

Follow-up visit in 1-month: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 IME and Consultations, page 127.

Decision rationale: The request for one month follow up was approved on 11/17/2014. MTUS recommends specialty consultation and care for diagnostic and therapeutic interventions as needed. The patient has persistent complaints and one month follow up is consistent with MTUS guidelines. I agree with the previous UR review on 11/17/2014.