

Case Number:	CM14-0207915		
Date Assigned:	12/19/2014	Date of Injury:	09/01/2011
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61-year old with a date of work injury 9/1/11. The diagnoses include cervical musculoligamentous strain/sprain with mild facet changes on C3-7; C5-6/C6-7 two millimeter disc protrusion with mild central canal narrowing, annular tear at C5-6 and endplate degenerative changes per MRI scan 4/12/14; left wrist sprain/tendinitis; left elbow lateral epicondylitis; status post L4-5 anterior/posterior fusion performed in April 2013 with left leg radiculitis. There is a 10/31/14 progress note that states that the patient complains of persistent neck pain and stiffness. She states that she had a cervical epidural steroid injection 4 weeks ago without benefit. She reports one week of temporary relief with a local left shoulder subacromial injection administered on 9/16/14. Left shoulder symptoms returned to pre injection levels. The patient's condition has stayed the same as last exam. The pain level is 7/10. The symptoms are moderate, constant, dull/sharp, aching a shore. On examination the cervical spine reveals tenderness to palpation with trigger points over the paravertebral musculature and trapezius muscles. The Spurling's maneuver elicits increased cervical spine pain and increased facet pain with extension and rotation. The range of motion in the cervical spine is decreased. The treatment plan states that the patient is temporarily totally disabled. There is a request for authorization of pain management consultation for cervical spine facet blocks; shoulder surgical consult; the patient is to continue a home exercise program; there is a request for Norco 5/325mg and Zanaflex; request authorization of a motorized orthopedic mattress to help sleep due to persistent low back pain. Per documentation an 8/9/13 progress note states that the patient is 3 months status post ALIF and has completely discontinued Norco but uses Tylenol #3 for abdominal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-79.

Decision rationale: Norco 5/325 mg QTY: 60.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that prior to initiating opioid therapy the physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient. There should be a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. There should be a pain treatment agreement which should include the consequences of non-adherence. The patient should consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The documentation indicates that the patient had been on Norco in the past. There is no documentation of functional improvement during that time. There is no evidence of reviewing the risks/benefits and other appropriate steps as recommended by the MTUS prior to prescribing opioids. For all of these reasons the request for Norco 5/325mg QTY 60 is not medically necessary.

Motorized orthopedic mattress QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Mattress selection

Decision rationale: Motorized orthopedic mattress QTY: 1.00 is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. The documentation does not indicate any extenuating circumstance to deviate from guideline recommendations. The request for motorized orthopedic mattress QTY:1 is not medically necessary.