

Case Number:	CM14-0208213		
Date Assigned:	12/22/2014	Date of Injury:	10/20/1997
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
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 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 60-year old female with date of injury 10/20/97. The treating physician report dated 11/13/14 (71) indicates that the patient presents with pain affecting her neck and left upper extremity. The physical examination findings reveal decreased cervical range of motion decreased left-hand grip and sensory deficits in the C6-T1 dermatomes. Prior treatment history includes the use of Iburprofen, APAP, Aceteminophen, Tramadol, Relafen and Kdian, which was recently replaced with MS Contin due to "a reduction in cost" (57). Current medications are MS Contin, Norco and Voltaren gel. Additionally, the patient has been treated historically for hypertension, depression, anxiety and arthritis. The current diagnoses are: -Cervical Degenerative disc disease-Cervical post laminectomy pain syndrome-Cervical facet arthropahty-CervicalgiaThe utilization review report dated 11/25/14 (60) errantly listed the request for authorization as MS Contin 100 mg #80 when the physician had requested MS Contin 100mg #60. The utilization review therefore modified the request based upon MTUS to MS Contin 100mg #60, which matches the physician's actual request for authorization, dated 11/17/14 (114). The utilization review report additionally modified the request for Norco 10/325mg, quantity of 180 tablets to Norco 10/325mg, quantity of 150 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100 mg #80: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-95.

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

Decision rationale: The patient presents with pain affecting her neck and left upper extremity. The current request is for MS Contin 100mg #60, which was errantly listed as a request for a count of 80 by utilization review dated 11/25/14 (60) leading to this review. The utilization review report approved a modification of a pill count of 60, which in fact matches the original physician request. The treating physician report dated 11/13/14 (71) states, "that the patient's Medications provided 30-50% relief, improved the patient's functioning and had resolved the cervicogenic headaches. Additionally, the reports document that the patient is not working but has been able to move more easily with the pain and do more work around the house with a definite increase in activity level with the use of the medication. Finally it is noted the patient is suffering no adverse side effects. For chronic opiate use, 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 aberrant 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, the medical records document the required discussion regarding ADLs and functional improvements. There is documentation of no side effects or any aberrant behaviors. Therefore, the current request is medically necessary per MTUS guidelines.

Norco Tablets: Upheld

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

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

Decision rationale: The patient presents with pain affecting her neck and left upper extremity. The current request is for Norco 10/325mg, quantity of 180. The treating physician report dated 11/13/14 (71) states, "that the patient's Medications provided 30-50% relief, improved the patient's functioning and had resolved the cervicogenic headaches. Additionally, the reports document that the patient is not working but has been able to move more easily with the pain and do more work around the house with a definite increase in activity level with the use of the medication. Finally it is noted the patient is suffering no adverse side effects. For chronic opiate use, 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 aberrant 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, the medical records

document the required discussion regarding ADLs and functional improvements. There is documentation of no side effects or any aberrant behaviors. While this patient appears to require ongoing Norco usage, the current IMR request is for an unknown quantity for an unknown duration which is not supported by MTUS. The current request is not medically necessary.