

Case Number:	CM15-0004871		
Date Assigned:	01/16/2015	Date of Injury:	05/04/1992
Decision Date:	04/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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:

The patient is a 60-year-old female treated for myofascial pain and neurovascular compression with a date of injury recorded on May 4, 1992. The mechanism of injury is unknown. She has received trigger point injections using botulinum toxin as recently as November 2014 and opioid medications. Currently, she complains of cervical pain and upper extremity pain. She received Ultram (Tramadol) with no significant improvement. On December 17, 2014, Utilization Review non-certified a request for medical clearance: history and physical, electrocardiogram and labs and cited the State of California Chronic Pain Medical Treatment Utilization Schedule (MTUS). A request for Norco 10-325 milligrams #90 was modified to approve #30 to wean the patient from chronic opioid maintenance therapy certification of Norco 10-325 milligrams #30, On January 9, 2015, the patient submitted an application for Independent Medical Review for review of medical clearance: history and physical, electrocardiogram and labs and Norco 10-325 milligrams #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medical clearance: H&P, EKG and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvements, National Collaborating Center for Acute Care, American college of cardiac foundation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation There are no applicable guidelines for pre-operative clearance for injections.

Decision rationale: A medical clearance prior to an intramuscular scalene injection was requested. There is no anesthesia contemplated nor will tissue integrity be disrupted except for the insertion and removal of a needle. The medical records do not mention any heart, lung, kidney or hormone problem, which are of concern and warrant an evaluation. The physician who performs the injection can obtain a medical history to help direct the medical evaluation for areas of concern if one is necessary. There is not enough information concerning the issue of concern that warrants a medical clearance evaluation with an ECG, labs and physical examination. Routine screening prior to this procedure is not traditionally done and therefore an explanation is needed for why routine screening is needed in this case when it is not typically done for injections. This request for a pre-operative medical clearance including ECG and labs is denied.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use. It also states that short acting opioids should be used intermittently or for breakthrough pain. MTUS 2009 also states that opioids should not be abruptly discontinued but should be weaned. The medical records do not describe any meaningful reduction in pain attributable to the use of double strength Norco on a sustained basis. The medical records do not show any reduction in pain that translates to meaningful vocational functional improvement or decreased reliance on medical procedures to reduce pain. The patient is likely dependent on the opioids but evidence based medical guidelines do not support the ongoing use of opioids for this reason. The modification of the Norco 10mg/325 mg prescription from #90 to #30 is upheld. The prescription for #90 of Norco DS is denied.