

Case Number:	CM15-0108650		
Date Assigned:	06/15/2015	Date of Injury:	02/09/2006
Decision Date:	08/18/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 59 year old male, who sustained an industrial injury on February 9, 2006. Treatment to date has included medications. Currently, the injured worker complains of left neck and shoulder pain and continued pain in the right upper extremity. He reports a right trigger thumb and reports some difficulty with sleep. The injured worker rates his pain a 6 on a 10 point scale when using medications and an 8 on a 10-point scale without medications. He reports that he is able to comfortably walk for 15 minutes when using his medications as opposed to 5 minutes without using his medication. The documentation reveals the injured worker has allergies to NSAIDS and morphine. His current medication regimen includes baclofen, clonidine, Depakote, Effexor XR, Lyrica, morphine extended release, Norco, omeprazole, polyethylene glycol and Terocin external patch. On physical examination the injured worker exhibits ongoing intrinsic muscle loss in both hands with grip strength 30 % of normal. He has moderate allodynia in the upper extremities and a positive impingement sign of the right shoulder. His right hand reveals severe atrophy of the thenar and hypothenar eminences and his right third digit is in a fixed flexed position at 90 degrees. His grip strength is 3/5 on the right and 4/5 on the left. The injured worker has reduced sensation and pain over the right deltoid, the right triceps, and most of the posterior forearm. The diagnoses associated with the request includes muscular wasting disuse atrophy, brachial plexus lesions, cervicgia, reflex sympathetic dystrophy of the upper limb, insomnia, depressive disorder and bipolar disorder.

The treatment plan includes continuation of Terocin external patch, Norco, Morphine ER, Effexor, MRI of the neck and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Acetaminophen; Opioids Page(s): 78-80; 91; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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". Although the treating physician documents the least reported pain over the period since last assessment, intensity of pain after taking opioid and subjective reports of increased function with the use of the current medications. The morphine equivalent per day based on the progress notes appears to be 180 which exceeds MTUS recommendations of 120. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325mg quantity 180 is not medically necessary.

Morphine 30mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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". Although the treating physician documents the least reported pain over the period since last assessment, intensity of pain after taking opioid and subjective reports of increased function with the use of the current medications. The morphine equivalent per day based on the progress notes appears to be 180 which exceeds MTUS recommendations of 120. Additionally, medical documents indicate that the patient has been on Morphine in excess of the recommended 2-week limit. It should be noted; in the primary treating physician's progress report dated 6/3/2015 morphine is listed as an allergy. As such the request for Morphine 30mg quantity 90 is not medically necessary.

Terocin Patch quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine indication Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". In this case, topical lidocaine is not indicated. As such, Terocin Patch quantity 90 is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure. ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs,

have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging". Indications for imaging--MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, Neck pain with radiculopathy if severe or progressive neurologic deficit, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, Chronic neck pain, radiographs show bone or disc margin destruction, Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal", Known cervical spine trauma: equivocal or positive plain films with neurological deficit, Upper back/thoracic spine trauma with neurological deficit". The patient had a prior MRI of the cervical spine on 9/20/2012; the treating physician has not provided evidence of red flags to meet the criteria above to warrant a repeat MRI. As, such the request for MRI of cervical spine is not medically necessary.