

Case Number:	CM15-0109482		
Date Assigned:	06/16/2015	Date of Injury:	07/01/1998
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 48 year old male, who sustained an industrial injury on July 1, 1998. Treatment to date has included MRI of the lumbar spine, EMG of the bilateral lower extremities, cervical disc fusion, epidural steroid injection, physical therapy, spinal cord stimulator, and medications. Currently, the injured worker complains of neck pain associated with cervicogenic headaches and pain radiating into his right arm. He reports numbness and weakness in the right hand and rates his pain a 6 on a 10-point scale in intensity. He reports that his pain is manageable with his cervical spinal cord stimulator and provides him 50% relief. The injured worker also reports relief with trigger point injections which provide two weeks of benefit. The injured worker's right shoulder pain is continued and causes a limited range of motion. His low back pain persists and radiation into the right lower extremity. He rates his low back pain a 7 on a 10- pont scale and knots that he gets three months benefit from epidural steroid injection. The injured worker reports right knee pain and reports that the pain is improved following a steroid injection to the right knee. He reports 40-50% pain relief and is able to bear weight on his right lower extremity with less pain. The injured worker notes that his oral analgesic medications enable him to function on a daily basis and perform his activities of daily living. He is able to perform a home exercise program. The diagnoses associated with the request include status post cervical spine surgery, lumbar degenerative disc disease, cervical spinal cord stimulator, status post right shoulder arthroscopic surgery and bilateral knee internal derangement. The treatment plan includes four trigger point injections, Norco, Ultracet and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent severe pain. Ultracet 37.5/325mg, two (2) times per day, #60 is not medically necessary or appropriate.

Norco 10/325mg, four (4) times per day, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg, four (4) times per day, #120 is not medically necessary or appropriate.

