

Case Number:	CM15-0160405		
Date Assigned:	08/26/2015	Date of Injury:	10/31/2014
Decision Date:	10/02/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 38 year old female who sustained an industrial injury on 10-31-14. Her initial complaints are not available for review. However, the injury was noted to be sustained due to lifting a heavy object. The progress note, dated 3-27-15, indicates that she awoke the following morning after the incident with "neck pain and stiffness". She continued to work for approximately two weeks, when her neck pain became "so severe" that she presented to the emergency department. An MRI was completed on 11-26-14, which revealed a "small C4-5 left side disc bulge that does slightly narrow the left foramen." On the 3-27-15 report, it indicates that the injured worker continued to complain of "primarily neck pain and muscular tightness in her trapezius musculature." She complained of occasional headaches. The report indicates that she had undergone physical therapy that "was helping until recently". She reported that the therapist "did a mobilization of her neck, which significantly stirred up her symptoms". She described the pain as "burning" and has "occasional buzzing" in her right hand. She had used muscle relaxants without effect. Her medications, at the time of the report, included Mobic and Tramadol. Her diagnosis was noted to be neck pain. The treatment plan was to continue Mobic, increase Tramadol, cervical epidural steroid injection, physical therapy, and a TENS unit. On 4-29-15, she continued to complain of neck pain at her primary care provider's office. It was recommended that her care be transferred to the neurosurgeon (from the 3-27-15 report). Prescriptions for Ibuprofen and Norco were given. A 6-2-15 progress note indicates that the injured worker underwent the epidural steroid injection on 4-15-15. It also states that she was referred for pain management, but that this was denied by insurance carriers. She continued to

have headaches and "electric shocks" into her back from the neck. Mobic was noted to "really work" for neck pain. It indicates that she "won't use when taking Motrin for the headache". Other medications tried include Skelaxin, Robaxin, and Flexeril - all which were noted as not effective. The note states that she "will use the Hydrocodone intermittently; Ultram not helping" and indicates that the use of narcotics for chronic pain management was discussed. She was given prescriptions for Norflex, Imitrex, Cyclobenzaprine, and Meloxicam. The Hydrocodone, Tramadol, and Metaxalone were discontinued. The 7-2-15 PR-2 states that she continued to complain of "moderate residual cervical pain with radiation to the right upper extremity." A trial of Fentanyl patches and Norco was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress note dated 7/2/15, the injured worker rated pain 6-8/10. She stated 30% overall pain control with Hydrocodone 10/325, Tizanidine, and Meloxicam. She stated that her medications improve her function and allow her to work light duty part time. She continues to work 4 hours a day and states medication improved her function and allows her to carry out her activities of daily living. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe usage, the request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress note dated 7/2/15, the injured worker rated pain 6-8/10. She stated 30% overall pain control with Hydrocodone 10/325, Tizanidine, and Meloxicam. She stated that her medications improve her function and allow her to work light duty part time. She continues to work 4 hours a day and states medication improved her function and allows her to carry out her activities of daily living. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe usage, the request is not medically necessary.