MAXIMUS Federal Services

Case Number:	CM15-0162664		
Date Assigned:	08/28/2015	Date of Injury:	11/29/1999
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 77 year old male sustained an industrial injury to the neck, wrists, hands and left shoulder on 11-29-99. Previous treatment included right carpal tunnel release (2002), left carpal tunnel release (2003) cervical fusion (2003) left shoulder arthroscopy (2004), acupuncture and medications. Magnetic resonance imaging lumbar spine (11-15-13) showed multilevel degenerative changes with facet hypertrophy, bilateral foraminal stenosis at L5-S1 and spinal stenosis at L4-5. In a PR-2 dated 1-16-15, the injured worker complained of ongoing neck pain with numbness and tingling down his arms. The injured worker was continued on Norco, Relafen, Ambien and Colace. In a PR-2 dated 7-24-15, the injured worker complained of ongoing bilateral wrist, back and neck pain. The injured worker reported that medications continued to bring his pain from 9 out of 10 on the visual analog scale to 7 out of 10. The injured worker had been able to cut back Norco to 1 or 2 per day. The injured worker reported that he had been having a lot of constipation with Norco. The physician noted that the injured worker got up very slowly from a seated positive and walked slowly with a slightly antalgic gait. Current diagnoses included status post left shoulder arthroscopy, history of cervical fusion, history of bilateral carpal tunnel release and chronic low back pain. The treatment plan included prescriptions for Norco, Relafen, Colace and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 6/26/15) Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids, weaning Page(s): 80-83, 86 and 124.

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

Decision rationale: The long term use of opioids is not supported per the MTUS guidelines due to the development of habituation and tolerance. As noted in the MTUS guidelines, A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006) In addition, the medical records do not establish significant subjective or objective functional improvement with the ongoing use of Norco. The request for Retro (DOS 6/26/15) Norco 10/325mg #90 is not medically necessary and appropriate.

Retro (DOS 6/26/15) Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of Relafen. The long term use of anti-inflammatories is associated with increased gastrointestinal and cardiovascular risks. The request for Retro (DOS 6/26/15) Relafen 750mg #60 is not medically necessary and appropriate.