

Case Number:	CM15-0196953		
Date Assigned:	10/12/2015	Date of Injury:	03/30/2010
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, 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:

This injured worker is a 41 year old female who reported an industrial injury on 3-30-2010. Her diagnoses, and or impressions, were noted to include history of traumatic brain injury; cervicgia; lumbago; and migraine headaches. Recent magnetic imaging studies were said to be done on 7-8-2015. Her treatments were noted to include: Emergency Room (ER) visits (6-8-15); a home exercise program; moist heat treatments; neurological and psychological evaluations and treatment; medication management with toxicology studies (4-17-15). The pain management progress notes of 9-1-2015 reported: chronic, severe pain, rated 6 out of 10, related to her headaches, severe enough to make her vomit and have periods of syncope and fainting; that her pain was aggravated by light and noise, requiring frequent ER visits for severe flare-ups, encouraged as needed; that she had failed other medications and that her current medication regimen was set by her neurologist and was recommended continued; that she reduced her Norco by 3 per day and was weaned down on Percocet, only using it for severe break-through pain-headaches (maximum 2 per day) and not on a daily basis resulting in plenty of visits where Percocet is not needed to be prescribed, and being on the lowest effective dose; that her pain is rated a 10 out of 10 without medications and 1 out of 10 with allowing her increased mobility and tolerance of activities of daily living and home exercise; also that she was considering occipital injections. The objective findings were noted to include no acute distress, tenderness to the occipital para-spinals with noted degrees of cervical range-of-motion. The physician's request for treatments was not noted to include the continuation of her medications as prescribed, which provided analgesia, help her affect and overall quality of life, and helped her to perform valued activities of daily living. The progress notes of 3/25/2015 noted that she

occasionally used Percocet 10-325 mg every 12 hours and Norco 10-325 3 x a day, as needed, for severe and headache pain. The request for authorization, dated 9-14-2015, noted to include. The Utilization Review of 9-24-2015 non-certified the request for: Norco 10-325 mg, 1 tablet every 8-12 hours as needed for moderate neck pain, #90 with no refills; and Percocet 10-325 mg, 1 tablet every 12 hours as needed for severe headaches, #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg tablets, 1 by mouth every 8-12 hours as needed for moderate neck pain, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list,. 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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. 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 is not medically necessary.

Percocet 10-325mg tablet, 1 by mouth every 12 hours as needed for severe headaches, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. 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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Percocet in excess of the recommended 2-week limit. As such, the request is not medically necessary.