

Case Number:	CM15-0197512		
Date Assigned:	10/12/2015	Date of Injury:	08/05/2010
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/07/2015

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:

This 60 year old woman sustained an industrial injury on 8-5-2010. Diagnoses include status post cervical spine surgery, right shoulder possible adhesive capsulitis with rotator cuff and-or labral tear, left shoulder radicular pain and adhesive capsulitis, bilateral carpal tunnel and cubital tunnel syndromes, and psychiatric diagnoses. Treatment has included oral medications. Physician notes dated 8-12-2015 show complaints of neck pain, left shoulder pain and weakness, right shoulder pain, and bilateral hand numbness. The physical examination shows "limited" range of motion to the cervical spine, negative Spurling's and foraminal compression test on the right side, foraminal compression causes tingling to the small and ring fingers on the left side. There is neck pain with radiation to the parascapular area and the left shoulder is unable to perform abduction more than a few seconds as well as limited forward flexion noted bilaterally. Pain is primarily in the neck and trapezial area. Recommendations include continue home exercise program, Lorazepam, Hydrocodone, possible pain management consultation, follow up with the surgeon, psychiatric consultation, and follow up in six weeks. Utilization review denied requests for physician consultation and Lorazepam and modified a request for Norco on 9-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation for psychiatric treatment and dispensing Lorazepam: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

Decision rationale: The current request is for re-evaluation for psychiatric treatment and dispensing Lorazepam. The RFA is dated 08/12/16. Treatment has included c-spine fusion, physical therapy, acupuncture, home exercise, and oral medications. The patient is permanent and stationary and it is unclear if she has returned to work. MTUS guidelines, Pain Outcomes and Endpoints section, page 8 has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per report 08/12/15, the patient presents with neck, bilateral shoulder, and bilateral hand pain. The patient has a "psychiatric diagnosis per [REDACTED]." The treater recommended a refill of Lorazepam and Hydrocodone, and a follow up with [REDACTED]. The treater states that the patient uses Lorazepam "essentially every night." He would like [REDACTED] to assume dispensing the Lorazepam, as "any psychiatric medication should be coming from a psychiatrist." The patient has a history of psychiatric complaints and has had previous psychiatric treatments with [REDACTED]. The treater is recommending a follow up for re-evaluation. ACOEM guidelines indicate that such referrals are supported at the care provider's discretion. Given this patient's ongoing complaints, and medication intake, a re-evaluation with a specialist could improve this patient's course of care. Therefore, the request is medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Norco 10/325mg #120. The RFA is dated 08/12/16. Treatment has included c-spine fusion, physical therapy, acupuncture, home exercise, and oral medications. The patient is permanent and stationary and it is unclear if she has returned to work. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/12/15, the patient presents with neck, bilateral shoulder, and bilateral hand pain. The patient requires a refill of medications. The patient has been prescribed Norco since at least 04/08/13. The treater states "in regards to the hydrocodone, she takes that only as needed and probably it has been about 5 days or so since she had her last one. However, she does need it at times." Review of the medical file indicates a UDS was administered on 07/08/13. In this case, there is no specific discussion regarding medication efficacy. The treater has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement. There are no before and after pain scales provided to denote a decrease in pain with utilizing Norco. Furthermore, there are no discussions regarding adverse side effects as required by MTUS for opiate management. All the 4 A's are not addressed. Therefore, this request is not medically necessary and recommendation is for slow weaning per MTUS.