

Case Number:	CM15-0199713		
Date Assigned:	10/14/2015	Date of Injury:	07/16/2009
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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: Pennsylvania
 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:

The injured worker is a 31-year-old female who sustained an industrial injury on 7-16-2009. Diagnoses have included cervical spine bulge, lumbar spine disc rupture, right and left shoulder strain, right elbow strain, left elbow internal derangement, and left carpal tunnel syndrome. Documented treatment includes left carpal tunnel release, De Quervaines and lateral epicondyle debridement, physical therapy, acupuncture. Methadone and Percocet were noted in the medical records as part of the treatment plan since at least 3-2015. She has been treated with Norflex, but the length of treatment is not provided, but it is documented since at least 6-2015. On 8-20-2015, the injured worker was reporting pain in the neck, low back, and bilateral extremities. Part of documentation is illegible, but pre-medication and post-medication pain rating does not appear to be present. Previous note states the injured worker was doing well on regimen. The most recent urine drug screen is dated 8-21-2015, and the note of 6-4-2015 states previous urine drug screen was in compliance. The treating physician's plan of care includes retrospective requests for Methadone 10 mg #90; Percocet 10-325 mg #60; and, Norflex 100 mg #90. These were denied on 9-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Percocet 10/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker had not returned to work and there was no documentation of any improvement in function or measured improvement in pain in response to Percocet. Therefore, the request is not medically necessary.

Retro Norflex 100 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Norflex are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Norflex is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has chronic pain and has been receiving Norflex beyond this recommended time period without documentation of justification for its continued use. Therefore, the request is not medically necessary.

Retro Methadone 10 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker had not returned to work and there was no documentation of any improvement in function or measured improvement in pain in response to Methadone. Therefore, the request is not medically necessary.