MAXIMUS Federal Services

Case Number:	CM15-0203795		
Date Assigned:	10/20/2015	Date of Injury:	08/03/2005
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 65 year old male, who sustained an industrial injury on 8-3-05. The injured worker was being treated for strain-sprain of cervical spine superimposed upon disc protrusions at C3-4, C4-5, C5-6 and C6-7. On 8-4-15 and 9-1-15, the injured worker complains of neck pain with increased muscle spasms in neck rated 4-5 out of 10 with medications and 8-9 out of 10 without medications. He notes functional improvement and improvement in pain with current medication regimen. Work status is noted to be retired. Physical exam performed on 8-4- 15 and on 9-1-15 revealed tenderness over the posterior cervical paraspinal and upper trapezius musculature bilaterally with moderate muscle spasms and restricted range of motion. Treatment to date has included oral medications including Vicodin (since at least 3-2015), Soma and Zanaflex; home exercise program and activity modifications. The treatment plan included prescription for Vicodin, continuation of home exercise program, request for urine drug screen and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Vicodin 5/300mg, 1 tid prn, #90, 0 refills, for symptoms related to the cervical spine (neck) as an out-patient: 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): Opioids, specific drug list, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain.The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms."Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/1/15. Therefore the determination is for non-certification and the request is not medically necessary.

One (1) urine drug screen to be performed at next visit for symptoms related to the cervical spine (neck) as an out-patient: 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): Opioids, dealing with misuse & addiction.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines (Opioids, steps to avoid misuse/addiction pages 94-95), use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." In this case there is insufficient evidence of drug misuse to warrant urine toxicology. Therefore the determination is for non-certification and the request is not medically necessary.