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| Case Number: | CM15-0207502 | | |
| Date Assigned: | 10/26/2015 | Date of Injury: | 05/29/2012 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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: 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:

The injured worker is a 67 year old female, who sustained an industrial injury on 5-29-2012. Diagnoses include chronic pain, status post left shoulder repair, left knee meniscal tear, right knee swelling, lumbar sprain, lumbar facet arthropathy, bilateral bursitis, multilevel cervical spondylosis, status post cervical fusion 6-17-15. Treatments to date include activity modification, medication therapy, and physical therapy. On 9-2-15, she complained of ongoing pain in the neck, left flank, bilateral knees, and left shoulder. The records indicated she was approximately three months status post cervical fusion. She reported difficulty with her voice and shortness of breath since that surgery with normal recent pulmonary function tests. Current medication included Norco 5-325mg and was noted to decreased pain and increase functional ability. Norco was noted to have been prescribed for several months. The pain management agreement and random drug screening was documented as addressed without aberrant behavior found. The physical examination documented multiple musculoskeletal findings. The plan of care included a prescription for Norco and a referral for an ENT consultation. The appeal requested authorization for an ENT consultation and a prescription for Norco 5-325mg #120. The Utilization Review dated 9-21-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #120, per 09/02/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco for several months. There is documented subjective pain relief but there is no objective evidence of functional improvement and the injured worker is unable to return to work. Additionally, she was recently seen in the emergency room for severe fecal impaction as a result of opioid use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325 #120, per 09/02/2015 order is not medically necessary.

Consultation with an ENT (ear, nose and throat) specialist, per 09/02/2015 order, quantity:
1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker is status post cervical fusion on 6-17-15. Since the surgery she has complained of dysphagia and dysphonia. She has been seen in the emergency room on 2 separate occasions for pneumonia. She has been cleared by pulmonology and orthopedics. The request for consultation

with an ENT (ear, nose and throat) specialist, per 09/02/2015 order, quantity: 1 is medically necessary.