

Case Number:	CM15-0210218		
Date Assigned:	10/29/2015	Date of Injury:	10/01/2007
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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 is a 63 year old female who sustained a work-related injury on 10-1-07. Medical record documentation on 10-2-15 revealed the injured worker was being treated for DeQuervain's tenosynovitis, neck sprain-strain, failed cervical neck surgery syndrome, myofascial pain syndrome and failed lumbar back surgery syndrome. She reported cervical pain with radiation of pain to the bilateral upper extremities and low back pain with radiation of pain right lower extremity. She rated her pain 7 on a 10-point scale on a good day and a 10 on a 10-point scale on a bad day. Her previous pain rating on a good day was 8 on a 10-point scale and her previous bad day pain rating was unchanged. Her medication regimen included gabapentin 300 mg, Norco 10-325 mg (previously discontinued on 8-4-15), MS Contin 30 mg (since at least 8-4-15), Tizanidine Hcl 4 mg, Naproxen Sodium 550 mg, Omeprazole 20 mg, Lisinopril 10 mg, Atorvastatin calcium 10 mg, Bupropion Hcl ER 300 mg, and Lorazepam 0.5 mg. Objective findings included severe tenderness over the paracervical area with limited cervical range of motion. Extension of the cervical spine was very painful and limited and she had trigger point tenderness of the Trapezius and Rhomboid muscles. Finkelstein test was positive bilaterally. She had diffuse tenderness of the thoracic spine, lumbar area, and the trochanteric bursa. Lumbar extension was painful. She had diffuse weakness in the bilateral upper extremities and the bilateral lower extremities and her sensation to pinprick and light touch was decreased over left L4. Her treatment plan included continued home exercise program, moist heat and stretches, Gabapentin, MS Contin 30 mg and Norco 10-325 mg. A request for MS Contin 30 mg #60 and Norco 10-325 mg #60 was received on 10-6-15. On 10-12-15, the Utilization Review physician determined Norco 10-325 mg was not medically necessary and modified MS Contin 30 mg #60 to #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

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

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 patient presents on 10/02/15 with increased numbness, tingling, and pain in the hands rated 7-8/10 on a "good day" and 10/10 on a "bad day." The patient's date of injury is 10/01/07. The request is for MS CONTIN 30MG #60. The RFA 10/06/15. Physical examination dated 10/02/15 reveals tenderness to palpation of the paracervical area with trigger points noted, positive Finklestein's test on the left, diffuse tenderness in the thoracic region, lumbar region, and trochanteric bursa. The provider also notes diffuse weakness in the bilateral upper and lower extremities, and decreased sensation in the left L4 dermatomal distribution. The patient is currently prescribed Gabapentin, Norco, MS Contin, Tizanidine, Naproxen, Lisinopril, Omeprazole, Atorvastatin, Bupropion, and Lorazepam. Patient is currently classified as permanent and stationary. 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 4As (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." In regard to the continuation of MS Contin for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Addressing the efficacy of this patient's medications, progress note dated 10/02/15 has the following: "The patient report good pain control from current opioid pain medications. The patient reports increased physical activity, improvement in activities of daily living, mood, as well as sleep. No side effects from current medications. The patient dose not reports any aberrant behavior." [sic] MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the functional improvements are rather vague and generic, though the provider does note consistent urine drug screening and a lack of aberrant behavior. However, the provider neglects to document how this patient's medications reduce her pain via a validated scale, instead noting pain levels on "good days" versus "bad days" without addressing the contribution of medications to analgesia. Given the lack appropriate documentation of the 4A's, MS Contin cannot be substantiated and this patient should be weaned from narcotic medications. The request IS NOT medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Weaning, opioids.

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 patient presents on 10/02/15 with increased numbness, tingling, and pain in the hands rated 7-8/10 on a "good day" and 10/10 on a "bad day." The patient's date of injury is 10/01/07. The request is for NORCO 10/325MG #60. The RFA 10/06/15. Physical examination dated 10/02/15 reveals tenderness to palpation of the paracervical area with trigger points noted, positive Finklestein's test on the left, diffuse tenderness in the thoracic region, lumbar region, and trochanteric bursa. The provider also notes diffuse weakness in the bilateral upper and lower extremities, and decreased sensation in the left L4 dermatomal distribution. The patient is currently prescribed Gabapentin, Norco, MS Contin, Tizanidine, Naproxen, Lisinopril, Omeprazole, Atorvastatin, Bupropion, and Lorazepam. Patient is currently classified as permanent and stationary. 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 4As (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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of opioid efficacy. Addressing the efficacy of this patient's medications, progress note dated 10/02/15 has the following: "The patient report good pain control from current opioid pain medications. The patient reports increased physical activity, improvement in activities of daily living, mood, as well as sleep. No side effects from current medications. The patient dose not reports any aberrant behavior." [sic] MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the functional improvements are rather vague and generic, though the provider does note consistent urine drug screening and a lack of aberrant behavior. However, the provider neglects to document how this patient's medications reduce her pain via a validated scale, instead noting pain levels on "good days" versus "bad days" without addressing the contribution of medications to analgesia. Given the lack appropriate documentation of the 4A's, Norco cannot be substantiated and this patient should be weaned from narcotic medications. The request IS NOT medically necessary.