MAXIMUS Federal Services

Case Number:	CM15-0210997		
Date Assigned:	10/29/2015	Date of Injury:	09/11/1987
Decision Date:	12/22/2015	UR Denial Date:	09/28/2015
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: Texas, California
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:

This is a 64-year-old female patient who sustained an industrial injury on 09-11-1987. Diagnoses included degeneration cervical intervertebral disc, pain in joint upper arm. According to a progress report dated 09-22-2015, she was seen for right chronic neck pain with radiating right shoulder and arm pain. Pain remained the same since the previous visit and was rated 5-6 in intensity on a scale of 1-10. Neck pain was still constant aching in nature. Numbness was present in the anterior and lateral right arm. She continued to have headaches that occurred once every 1-2 weeks. Physical examination revealed cervical range of motion painful with extension, right lateral bend and right rotation, tenderness to palpation at the cervical paraspinals bilaterally, right arm strength 4 out of 5, left arm strength 5 out of 5 and decreased sensation in the right forearm to light touch. The medications list includes Evista (Raloxifine), Effexor and Norco. She reported 20-30% pain relief from use of Effexor. The medication allowed her to sleep better at night and stabilized her mood. Without the medications, she was unable to tolerate daily functional activities at home. The provider noted that the there was no aberrant behavior. A sample of Lyrica was provided. Prescriptions were written for Norco 10-325 mg #120 with no refills and Effexor ER 150 mg #30 with 2 refills. Follow up was indicated in 12 weeks. Documentation submitted for review showed use of Norco dating back to 2014. According to a report dated 05- 22-2015, the patient called and reported lost prescriptions for Norco 10-325 mg dated 05-21- 2015 and 06-20-2015 # 180. She has history of first violation of pain contract requesting re authorization of prescription. Per the records provided the patient has history of spine surgery. History of CURES was noted as compliant. Urine toxicology reports were not

submitted for review. On 09-23-2015, authorization was requested for Norco and Effexor ER. On 09-28-2015, Utilization Review non-certified the request for Norco 10-325 mg #120 and Effexor XR 150 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #120: Upheld

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

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

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, 'A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.' The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: 'The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.' The records provided do not provide a documentation of response in regards to significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. According to a report dated 05-22-2015, the patient called and reported lost prescriptions for Norco 10-325 mg dated 05-21-2015 and 06-20-2015 # 180. She has history of violation of pain contract requesting re authorization of prescription. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325MG #120 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the request is not medically necessary.

Effexor XR 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Venlafaxine (Effexor).

Decision rationale: According to CA MTUS guidelines Venlafaxine (Effexor) is 'Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches.' According to the records provided, the patient had chronic neck pain with radicular symptoms with mood problems and insomnia. The patient has objective findings on the physical examination- cervical range of motion painful with extension, right lateral bend and right rotation, tenderness to palpation at the cervical paraspinals bilaterally, right arm strength 4 out of 5, left arm strength 5 out of 5 and decreased sensation in the right forearm to light touch. The patient has history of spine surgery. A SNRI like Effexor is recommended for such patients with chronic pain with radiculopathy, insomnia and mood problems. The request for Effexor XR 150mg #30 is medically appropriate and necessary for this patient.