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| Case Number: | CM15-0212791 | | |
| Date Assigned: | 11/02/2015 | Date of Injury: | 02/13/2006 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 10/20/2015 |
| Priority: | Standard | Application Received: | 10/29/2015 |

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: Emergency 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 52-year-old male who sustained an industrial injury on 12-13-06. A review of the medical records indicates he is undergoing treatment for post cervical decompression, C6-7 fusion, and peripheral neuropathy. Medical records (5-14-15, 6-18-15, 7-16-15, 8-13-15, 9-3-15, 9-29-15, and 10-6-15) indicate ongoing complaints of neck pain, low back pain, shoulder pain, and headaches. He has also complained of cramping pain that radiates down the right arm. He rates the pain "8 out of 10" (9-29-15). The records indicate that he feels that he is not making progress with "stamina". He reports that his legs are weak and "deconditioned". He has difficulty speaking. The treating provider indicates "some degree of vocal cord paralysis". He has frequent falls. The records indicate that he had a total of 14 falls in September 2015. He sustained a fall on 10-1-15, for which he presented to the emergency department. He was diagnosed with liver and rib cage contusion. He complains of weakness in all extremities and can "only take a few steps" with use of a walker. He uses a wheelchair for his primary means of mobility. The physical exam (10-6-15) reveals limited cervical range of motion. Marked tenderness is noted in the "right upper quadrant" on thoracic palpation. Tenderness to palpation is noted in the lumbar spine. Lumbar range of motion is noted to be painful. Upper extremity motor and grip strength is noted to be "1-2 out of 5". Sensation is "intact" bilaterally. The examination of the lower extremities reveals bruising, as well as a laceration of the left lower extremity. The straight leg raise is positive. Range of motion is noted to be "within normal limits". Motor strength is "4 out of 5". Sensory loss is noted in the right lateral calf and entire foot. The treating provider indicates "loss of position sense". Diagnostic

studies have included x-rays and an MRI of the cervical spine. Treatment has included use of a walker and wheelchair, a back brace, physical therapy, a home exercise program, and medications. His medications include Gabapentin, Norco, Hydromorphone, Diazepam, and Baclofen. The 7-16-15 record indicates that he was receiving Dilaudid at that visit. This was changed to Oxycodone. Baclofen was added at that time. He has been receiving Norco since, at least, 5-14-15. He was receiving OxyContin and Norco on 9-29-15. The 10-6-15 record indicates the use of Hydromorphone. The utilization review (10-20-15) includes requests for authorization of Hydromorphone 4mg #90, Norco 10-325mg #120, and Baclofen 10mg #60. Norco was modified to a quantity of 50. Hydromorphone and Baclofen were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg #90: 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 for chronic pain.

Decision rationale: The requested Hydromorphone 4mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain, low back pain, shoulder pain, and headaches. He has also complained of cramping pain that radiates down the right arm. He rates the pain "8 out of 10" (9-29-15). The treating physician has documented limited cervical range of motion. Marked tenderness is noted in the "right upper quadrant" on thoracic palpation. Tenderness to palpation is noted in the lumbar spine. Lumbar range of motion is noted to be painful. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydromorphone 4mg #90 is not medically necessary.

Norco 10/325mg #120: 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 for chronic pain.

Decision rationale: The requested Norco 10/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines recommend continued use of this opiate for the treatment of

moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain, low back pain, shoulder pain, and headaches. He has also complained of cramping pain that radiates down the right arm. He rates the pain "8 out of 10" (9-29-15). The treating physician has documented limited cervical range of motion. Marked tenderness is noted in the "right upper quadrant" on thoracic palpation. Tenderness to palpation is noted in the lumbar spine. Lumbar range of motion is noted to be painful. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.

Baclofen 10mg #60: 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): Muscle relaxants (for pain).

Decision rationale: The requested Baclofen 10mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain, low back pain, shoulder pain, and headaches. He has also complained of cramping pain that radiates down the right arm. He rates the pain "8 out of 10" (9-29-15). The treating physician has documented limited cervical range of motion. Marked tenderness is noted in the "right upper quadrant" on thoracic palpation. Tenderness to palpation is noted in the lumbar spine. Lumbar range of motion is noted to be painful. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg #60 is not medically necessary.