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| Case Number: | CM15-0031304 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 07/19/2012 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 49 year old male, who sustained an industrial injury on 07/19/2012. He has reported subsequent neck, back and shoulder pain and was diagnosed with cervical facet syndrome, cervical and lumbar stenosis, cervical and lumbar spondylosis, rotator cuff tendonitis, acromioclavicular joint arthritis, lumbar disc herniation and lumbar radiculitis. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy and an epidural steroid injection. In a progress note dated 02/03/2015, the injured worker complained of low back, left shoulder and neck pain rated as 7/10 with medication and 10/10 without medication. Objective findings were notable for an antalgic gait, tenderness of the cervical paraspinals with reduced range of motion, tenderness of the lumbar paraspinals, increased pain with range of motion and positive bilateral straight leg raise. The physician noted that Ibuprofen was being prescribed to help decrease pain and inflammation. Requests for authorization of Motrin and a Norco refill were made. On 02/11/2015, Utilization Review non-certified a request for Motrin, noting that demonstration of efficacy has not been shown and modified a request for Norco from 10/325 mg #90 to Norco 10/325 mg #68, noting that there was no evidence of objective functional improvement and that the medication should be weaned. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped by pain score by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as norco.

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaid
Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of motrin for the insured as there is no indication of objective benefit in function.