MAXIMUS Federal Services

Case Number:	CM15-0045445		
Date Assigned:	03/17/2015	Date of Injury:	11/01/2002
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old female, who sustained an industrial injury on November 1, 2002. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical radiculopathy, cervical post-laminectomy syndrome, chronic pain syndrome and lesion of ulnar nerve. Treatment to date has included surgery, diagnostic studies, cognitive behavioral therapy, psychotherapy and medications. On January 26, 2015, the injured worker complained of the index finger of her right hand locking up and being unable to extend it after lifting something heavy. She continues to have diffuse pain throughout her entire right shoulder girdle radiating proximally into her neck and distally into her hand. She complained of right elbow pain and diffuse numbness in the bilateral upper extremities. The treatment plan included medications and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 39 year old female has complained of neck pain and right shoulder pain since date of injury 11/1/02. She has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 10/2014. The current request is for Norco 7.5/325mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 7.5/325 mg is not indicated as medically necessary.

One (1) prescription of Norco 7.5/325 #90 (DNFB 03/06/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 39 year old female has complained of neck pain and right shoulder pain since date of injury 11/1/02. She has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 10/2014. The current request is for Norco 7.5/325. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 7.5/325 mg is not indicated as medically necessary.

One (1) prescription of Ultram #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 39 year old female has complained of neck pain and right shoulder pain since date of injury 11/1/02. She has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 10/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence

that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.

One (1) multi-disciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the general use of miltidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31.

Decision rationale: This 39 year old female has complained of neck pain and right shoulder pain since date of injury 11/1/02. She has been treated with cervical spine surgery, physical therapy and medications. The current request is for one (1) multi-disciplinary evaluation. Per the MTUS guidelines cited above, a multi-disciplinary evaluation is indicated when there is provided medical documentation that the patient has demonstrated a clear motivation to change and return to work and when there is clear delineation of baseline function prior to multi-disciplinary evaluation. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines. On the basis of this lack of documentation, a multi-disciplinary evaluation is not indicated as medically necessary.