

Case Number:	CM15-0054308		
Date Assigned:	03/27/2015	Date of Injury:	07/23/2009
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 49-year-old female who sustained an industrial injury on July 23, 2009. The injured worker was diagnosed with brachial neuritis/radiculitis, impingement syndrome, and cervical spine sprain/strain. The injured worker is status post a cervical spine fusion and a left shoulder decompression (no dates documented). According to the primary treating physician's progress report on January 21, 2015, the injured worker continues to experience bilateral neck pain over the posterior trapezius area. Examination of the left shoulder demonstrated positive impingement maneuver and increased pain with overhead movement. Multiple trapezial trigger points with tenderness and spasm were noted. Current medications are listed as Naproxen, Gabapentin, Norco and Methocarbamol. Treatment plan is to continue working without restrictions and the requested authorization for medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: 1 prescription of Norco 10/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends a UDS (urine drug screen) for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. Opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, or 'mechanical and compressive etiologies'. Opioids are minimally indicated, if at all, for chronic non-specific back pain. Aberrant use of opioids is common in this population. The MTUS recommends monitoring of the 4A'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. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. Although the documentation indicates that the patient has returned to work, the documentation does not indicate a clear pain assessment or significant improvement in pain on Norco. There is no objective urine drug screen available for review. It is not clear that all of the MTUS guidelines above are being followed. For these reasons, Norco is not medically necessary.

1 prescription of Methocarbamol 750mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: 1 prescription of Methocarbamol 750mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS states that the efficacy of these medications appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The documentation indicates that the patient has been on long term Methocarbamol. The MTUS does not recommend this medication long term. There are no extenuating circumstances, which would require the continuation of Methocarbamol therefore this request is not medically necessary.