MAXIMUS Federal Services

Case Number:	CM15-0083086		
Date Assigned:	05/05/2015	Date of Injury:	04/04/2011
Decision Date:	07/07/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old female, who sustained an industrial injury on April 4, 2011. The injured worker reported neck, left shoulder, leg, knee and ankle pain due to fall down stairs. The injured worker was diagnosed as having persistent neck, left upper extremity, low back, left lower extremity and knee pain and cervical disc bulge. Treatment to date has included medication and exercise. A progress note dated March 19, 2015 provides the injured worker complains of neck, back and left leg pain. She reports her medication allows her to work and with the medication, the pain is rated 4/10. Without medication, it is 8-9/10. She also reports she can do home exercise due to use of medication. Physical exam notes lumbosacral tenderness down to the left buttock and decreased shoulder range of motion (RANGE OF MOTION (ROM). The plan includes magnetic resonance imaging (MRI) and oral and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60 issued 3/19/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on April 4, 2011. The medical records provided indicate the diagnosis of persistent neck, left upper extremity, low back, left lower extremity and knee pain and cervical disc bulge. Treatment to date has included medication and exercise. The medical records provided for review do not indicate a medical necessity for: Norco 5/325 mg #60 issued 3/19/15. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she was started on this medication in 09/2014, but missed her appointments on two occasions due to her work. On return visits urine was collected for drug testing, but the result was not provided for review; there was no indication from the records CURES reports were reviewed to ascertain she was not getting opioids from other sources, but she was given two months supply of medications including Norco. The report does not indicate she was made to sign or review a opioid contract. During subsequent visit in 03/15, the injured worker requested for modification of her work due to pain. CURES report was not reviewed, neither was the urine drug screen done during previous visit reviewed, but she was given prescription for Norco. Based on the fact that that there has been no overall improvement, and the fact that she is not properly monitored for aberrant behavior, the requested treatment is not medically necessary.

Relafen 750 mg #60 issued 3/19/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on April 4, 2011. The medical records provided indicate the diagnosis of persistent neck, left upper extremity, low back, left lower extremity and knee pain and cervical disc bulge. Treatment to date has included medication and exercise. The medical records provided for review do not indicate a medical necessity for Relafen 750 mg #60 issued 3/19/15. The records indicate she has been on this medication since 06/2014. Relafen (nabumetone) is an NSAID and is recommended to be used at the lowest dose for the short-term treatment of moderate to severe pain. The MTUS recommends monitoring of blood counts, liver and renal function, starting at baseline and at unspecified period afterwards. The records do not indicate the injured worker is being monitored as recommended.

Elavil 25 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: The injured worker sustained a work related injury on April 4, 2011. The medical records provided indicate the diagnosis of persistent neck, left upper extremity, low back, left lower extremity and knee pain and cervical disc bulge. Treatment to date has included medication and exercise. The medical records provided for review do not indicate a medical necessity for Elavil 25 mg #60. Elavil is an antidepressant. The MTUS recommends the use of antidepressants as first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS recommends that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The records indicate she has been using this medication at least since 06/2014; although she reported improvement in pain, she has requested for job modifications and since the medication was introduced there has been an increase in the use of other medications.

Flector patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on April 4, 2011. The medical records provided indicate the diagnosis of persistent neck, left upper extremity, low back, left lower extremity and knee pain and cervical disc bulge. Treatment to date has included medication and exercise. The medical records provided for review do not indicate a medical necessity for Flector patch #30. Flector patch is a topical analgesic containing Diclofenac. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records indicate the injured worker has been taking Relafen (an NSAID) and Elavil (an antidepressant for more than six months but without improvement. The Injured worker appears to be having diminishing benefit with opioid; however, there is no indication the injured worker has been failed treatment with anti-epilespsy drugs.

Magnetic resonance imaging (MRI) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 557-559.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The injured worker sustained a work related injury on April 4, 2011. The medical records provided indicate the diagnosis of persistent neck, left upper extremity, low back, left lower extremity and knee pain and cervical disc bulge. Treatment to date has included medication and exercise. The medical records provided for review do not indicate a medical necessity for Magnetic resonance imaging (MRI) of the left shoulder. The medical records indicate the shoulder examination was not thorough, there is no evidence from the medical records the injured worker has had physical therapy. Also, the shoulder examination was not detailed. The records indicate the case does not met the MTUS criteria for Imaging studies. These are listed as follows: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment).