

Case Number:	CM15-0089587		
Date Assigned:	05/13/2015	Date of Injury:	05/07/2012
Decision Date:	06/17/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on May 7, 2012, incurring neck and low back pain after a motor vehicle accident. Cervical spine x rays were unremarkable. Treatment included pain medications and anti-inflammatory drugs, neurology consultation, electromyography studies and physical therapy. In June, 2012, the injured worker had headaches and memory loss with confusion. Magnetic Resonance Imaging of the brain was negative. A cervical Magnetic Resonance Imaging revealed minimal degenerative disc disease. She continued with neck pain, memory loss, sleep disturbance, confusion and agitation. Currently, the injured worker complained of chronic neck pain and bilateral shoulder pain. The treatment plan that was requested for authorization included prescriptions for Norco and Thermacare patches.

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 Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker has not returned to work. It is stated that she reports a 50% reduction in her pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. She is on multiple medications and it is not clear which medications are or are not providing this benefit. There was no specific evaluation of the effect of the Norco. Furthermore function is not adequately described. There is no discussion of what activities she can or cannot perform with or without the medication upon which to base a true functional improvement. Therefore the request is not medically necessary.

1 Prescription of Thermacare patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 173-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: According to the ACOEM, "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise." The use of passive heat long term for chronic pain is not supported. Therefore the request is not medically necessary.