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| Case Number: | CM14-0058876 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 09/30/2008 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 04/03/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46-year-old female with an industrial injury dated 09/24/1998. Her diagnoses included status post left cubital tunnel release, status post right cubital tunnel release, right elbow epicondylitis and cubital tunnel syndrome, chronic lumbar spine strain and right lower extremity radiculopathy, bilateral shoulder sprain/strain and major depression. Prior treatment included physical therapy, ice, acupuncture, and medications. She presents on 03/03/2014 for evaluation. She states that self-care activities are performed slowly and with discomfort. She can only lift, push and pull very lightweight objects, walk short distances and perform activity for at least 2 minutes. She has difficulty with gripping, grasping holding and manipulating objects with her hands. Her sleep is disturbed and she reports her pain is fairly severe most of the time. She complains of not being able to concentrate and has severe depression and anxiety. Detailed objective findings are not documented. The plan of treatment included pain medication, stomach protectant medication, med for constipation and a topical analgesic. Orthopedic follow up was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in September 1998 and continues to be treated for chronic pain. When seen, she was having daily severe constant pain. Medications included Norco being prescribed at a MED (morphine equivalent dose) of 15 mg per day. Authorization for a pain management consultation for a lumbar spine injection was requested. Norco is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction, there was poor pain control and the claimant was not working. The claimant met criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.

1 Pain Management Consultation For Lumbar Spine Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition: Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in September 1998 and continues to be treated for chronic pain. When seen, she was having daily severe constant pain. Medications included Norco being prescribed at a MED (morphine equivalent dose) of 15 mg per day. Authorization for a pain management consultation for a lumbar spine injection was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant had chronic pain without identified new injury or change in symptoms. The reason for the consultation was for a lumbar injection and there are no physical examination findings reported that would support performing any of the injections that might be considered. Therefore, the requested pain management consultation for a lumbar injection was not medically necessary.