MAXIMUS Federal Services

Case Number:	CM15-0127190		
Date Assigned:	07/13/2015	Date of Injury:	02/12/1999
Decision Date:	09/23/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/01/2015

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: Florida
Certification(s)/Specialty: Neurology, 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(n) 45-year-old female, who sustained an industrial injury on 2/12/99. She reported pain in her neck and left upper extremity. The injured worker was diagnosed as having disorder of rotator cuff, cubital tunnel syndrome, and myofascial pain and neck sprain. Treatment to date has included a spinal cord stimulator, left shoulder surgery x 3 and a left shoulder suprascapular nerve block on 2/11/15. Current medications include Prilosec, Gabapentin, Norco, Soma and Alprazolam since at least 1/6/15. As of the PR2 dated 5/15/15, the injured worker reports pain in the cervical spine and left upper extremity. She rates her pain 9/10 without medications and with medications; the pain is reduced by over 50%. Objective findings include tenderness to palpation in the paracervical muscles and trapezius and decreased cervical strength. The treating physician requested a radiofrequency ablation of the left suprascapular nerve, a urine toxicology screen, and 90-day re-evaluations, Norco 10/325mg #90, Soma 350mg #60 and Alprazolam 0.5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation L. suprascapular nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, RFA.

Decision rationale: ODG guidelines do not support the use of RFA of suprascapular nerve. The medical records provided for review report pain related to the shoulder with an injection having been performed but does not indicate objective functional degree of benefit or duration of benefit in support of performance of an RFA procedure. As ODG guidelines do not support the use of RFA for supurascapular nerve and the medical records do not indicate any mitigating circumstances in support of procedure, the medical necessity of this procedure is not supported.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The use of UDS is supported for periodic assessment of injured worker taking opioids to monitor for any illicit use of other substance. However, the medical records report ongoing pain that is helped functionally by continued used of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as 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. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as Norco. Therefore, the request is not medically necessary.

90 day re-evaluations: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Edition, Pain Chapter-Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, follow-up visit.

Decision rationale: Physician follow-up can occur when the patient needs a release to modified, increased, or full duty, or after appreciable healing or recovery can be expected, on average. The medical records indicate a chronic pain condition. Ongoing follow-up with pain management for chronic pain condition is medically necessary for the management of the insured under ODG guidelines.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped functionally by continued used of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as 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. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as Norco. Therefore, the request is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines soma Page(s): 29.

Decision rationale: MTUS guidelines do not support long-term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured. Therefore, the request is not medically necessary.

Alprazolam 0.5mg #45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

Decision rationale: The medical records provided for review do not indicate a condition for long-term management with valium. There is no indication of anxiety state. ODG supports that Alprazolam is not medically necessary for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks.