

Case Number:	CM14-0142247		
Date Assigned:	09/10/2014	Date of Injury:	04/28/2004
Decision Date:	10/06/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 36-year-old male with a 4/28/04 date of injury. At the time (7/28/14) of request for authorization for 1 Prescription of Norco 10/325mg #60, 1 Prescription of Amrix 15mg #30 , and Urine Toxicology Screen, there is documentation of subjective (neck pain radiating to left shoulder/upper arm associated with tingling and numbness, back pain, and right elbow pain) and objective (decreased sensation to light touch in right fourth and fifth digits in the ulnar nerve distribution, tenderness over the interscapular parathoracic and paracervical muscles with spasms, and positive Spurling's test) findings, current diagnoses (cervical strain with left cervical radicular symptoms and signs, right elbow laceration with residual right elbow pain and tardy ulnar palsy with paresthesias and hypesthesia of right fourth and fifth digits, and thoracic and lumbar strain), and treatment to date (medications (including ongoing treatment with Norco and Amrix since at least 10/26/11) and physical therapy). Medical report identifies that medications allow the patient to do activities of daily living. Regarding Amrix, there is no documentation of short-term (less than two weeks) treatment. Regarding Urine toxicology screen, there is no documentation of abuse, addiction, or poor pain control

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of R.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical strain with left cervical radicular symptoms and signs, right elbow laceration with residual right elbow pain and tardy ulnar palsy with paresthesias and hypesthesia of right fourth and fifth digits, and thoracic and lumbar strain. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that there is ongoing opioid treatment management, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Norco allows the patient to do activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription Of Norco 10/325mg #60 is medically necessary.

1 Prescription Of Amrix 15mg #30: 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): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical strain with left cervical radicular symptoms and signs, right elbow laceration with

residual right elbow pain and tardy ulnar palsy with paresthesias and hypesthesia of right fourth and fifth digits, and thoracic and lumbar strain. In addition, there is documentation of ongoing treatment with Amrix. Furthermore, given documentation of treatment with opioids, there is documentation of Amrix used as a second line agent. Lastly, given documentation that Amrix allows the patient to do activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Amrix use to date. However, despite documentation of muscle spasms and given documentation of a 4/28/04 date of injury, there is no (clear) documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Amrix since at least 10/26/11, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription Of Amrix 15mg #30 is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical strain with left cervical radicular symptoms and signs, right elbow laceration with residual right elbow pain and tardy ulnar palsy with paresthesias and hypesthesia of right fourth and fifth, and thoracic and lumbar strain. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine Toxicology Screen is not medically necessary.