

Case Number:	CM13-0047135		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2007
Decision Date:	08/12/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 50-year-old male who reported an injury on 06/25/2007 of unknown mechanism of injury. The injured worker had a history of back pain associated with muscle spasms and shortness of breath. The injured worker had the diagnoses of thoracolumbar posterior laminectomy syndrome, residual kyphosis, and pectus excavatum. The thoracic MRI dated 10/27/2009 revealed moderate spondylosis of the thoracic spine at multiple levels, with exaggerated kyphosis and thoracic muscular spasm at the T4-5 with a 5 mm focal poster central disc protrusion. The MRI of the lumbar spine on 10/26/2009 revealed mild spondylosis of the thoracic and lumbar spine at multiple levels, including a 5 mm right posterior facet joint disc cyst at the L3-4 level. The MRI dated 10/14/2011 revealed a solid fusion at the C4-7. There is a 4 mm broad-based disc protrusion with moderate impressions at the thecal sac at the C6-7 level. Per the notes dated 12/19/2013 also revealed a lumbar spine with kyphosis, tenderness to palpation, increased muscle tone, and trigger points to the posterior lumbar musculature. Lumbar spinal range of motion revealed a flexion of 40 degrees and extension of 15 degrees, with ankle and knee jerks 2+ bilaterally. Per the notes from 12/19/2013, the objective findings to the cervical spine revealed a flexion of 25 degrees, extension was 15 degrees, right lateral bend of 30 degrees, left lateral bend of 30 degrees, and right rotation and left rotation of 50 percent. The neurological findings revealed a +2 deep tendon reflexes at the biceps, triceps, and brachioradialis. Range of motion at the shoulders revealed flexion on the right or 80, extension 20 degrees, abduction 90 degrees, and adduction 40 degrees. The left shoulder range of motion revealed flexion of 90 degrees, extension 30 degrees, abduction 90 degrees, and adduction of 40 degrees. The electromyogram study dated 10/24/2009 of the upper extremities revealed a left active C7 radiculopathy. Per the clinical notes on 12/19/2013, the medications include Norco 10/325 mg, Anaprox DS 550 mg, Neurontin 600 mg, Klonopin 0.5 mg, OxyContin 10 mg, and

Cymbalta 30 mg. The injured worker rates his pain an 8/10 using the VAS scale. The treatment plan included medication regimen, chest surgeon, and 8 aqua therapy sessions. The authorization form dated 12/27/2013 was in the documentation. No rationale was given for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325 MG (# OF TABS NOT SPECIFIED): 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 On Going pain Management Page(s): 78.

Decision rationale: The request for the Norco 5/325 mg tabs is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is lack of documentation stating the efficacy of the medication. There was no documentation was provided of the injured worker's conservative care to include the efficacy of the physical therapy sessions the injured worker has attended. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, the request does not include the frequency or quantity. Given the above, the request for the ongoing use of Norco is not supported by the Chronic Pain Medical Treatment Guidelines recommendations. As such, the request is not medically necessary.