

Case Number:	CM13-0050818		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2005
Decision Date:	03/13/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in. 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 physician 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 patient is a 60-year-old female, date of injury 07/18/2005. Primary diagnosis is C4-C7 cervical spine fusion and cervical radiculopathy. Patient worked as a custodian. Mechanism of injury was repetitive motion. Progress Report 10-22-13 by [REDACTED] documented the following: Subjective: She has not had any change in her pain. She continues on the Cymbalta 20 mg a day and feels that this does help her pain and mood. No new numbness, tingling, or weakness. Medications: Cymbalta 20 mg daily, Norco 10/325 mg usually one per day, Flexeril prn. Physical Exam: The patient is alert and cooperative. No abnormal pain behaviors. Neck and C-Spine: 80% of normal right rotation, 90% of normal left rotation. Musculoskeletal: Right shoulder forward flexion to 90 degrees, positive right shoulder impingement/adduction test, 4+ to 5-/5 right shoulder ER/IR, elbow flexors and extensors, pain limited; 5- to 5/5 in same muscle groups in the left. Impression: A 59-year-old female with history of right upper extremity repetitive injury, C4-C7 fusion with multilevel disc bulges/radiculopathy, right rotator cuff and SLAP tear s/p surgical repair on 08/07/07, history of right CTS, status/post right CTR on 10/21/05 with persistent symptoms. Question of possible nonunion of cervical spine. The patient is radiologically stable, would like to proceed with conservative management. Plan: 1) The patient will now proceed with pain psychologist, [REDACTED], as well as chiropractic treatment with [REDACTED]. 2) Random urine drug screen today. 3) The patient signed a chronic opiate therapy contract form with today. She takes Norco very sparingly, but does take it on a regular basis. Urine drug screen 10-22-13 was negative for all compounds, including hydrocodone. Progress Report 12-02-13 by [REDACTED] documented patient's complaint that ibuprofen causes GI stomach upset. Utilization review dated 11/05/2013 by [REDACTED] recommended Non-Certification of the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Upper/Lower Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 88-89.

Decision rationale: Chronic Pain Medical Treatment Guidelines(Page 88-89) Criteria for use of opioids: Strategy for maintenance: Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end of dose pain, and pain that occurs with predictable situations. Progress reports by [REDACTED] documented patient's medications: Cymbalta 20 mg daily, Flexeril prn, Norco 10/325 mg usually one per day. She takes Norco very sparingly, but does take it on a regular basis. Urine drug screen 10-22-13 was negative. Treatment plan included pain psychologist [REDACTED] and chiropractic treatment with [REDACTED]. The patient signed a chronic opiate therapy contract form. Patient reported that Ibuprofen causes GI stomach upset. Ibuprofen causes GI stomach upset, suggesting potential problems with NSAIDs (non-steroidal anti-inflammatory drugs). Tramadol (Ultram) is contraindicated with Cymbalta. Thus pain medication options are limited. Urine drug screen was negative. Patient usually takes Norco one pill daily as needed. Patient is taking Cymbalta, Flexeril, and consulting a pain psychologist and chiropractor. In addition, patient has signed a chronic opiate therapy contract. There is no evidence of substance abuse. Patient is status post cervical spine fusion. Pain management of the patient is comprehensive and controlled. Medical records and Chronic Pain Medical Treatment Guidelines support the maintenance of Norco prescriptions. Therefore, the request for Norco is medically necessary.