

Case Number:	CM14-0006741		
Date Assigned:	02/07/2014	Date of Injury:	03/27/2003
Decision Date:	06/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 Neurosurgery 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 52 year old female who sustained an injury on 03/27/03. Based on the clinical documentation there did not appear to be any specific mechanism of injury. The patient was found to have seizures the morning of 03/27/03. The patient was followed by a neurologist and psychologist for both a seizure disorder and associated anxiety and depression. The patient had also been followed for ongoing complaints of neck pain. Prior treatment included physical therapy and TENS unit. Prior medications included Topamax and Nortriptyline for control of daily headaches. The patient had prior history of gastrointestinal upset with anti-inflammatories. The patient attended physical therapy program in late 2012 for the cervical spine. The most recent evaluation on 12/11/13 indicated the patient had persistent neck pain and headaches. Current medications included Topamax and Nortriptyline for headaches. On physical examination there was some induration of the bilateral levator scapulae. The patient was recommended to continue with an exercise and stretching program. The patient was also recommended to continue with Norco due to severe headaches. The requested soft cervical collar and Norco 5/325mg quantity 210 were both denied by utilization review on 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOFT CERVICAL COLLAR QUANTITY :1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines , Treatment for Worker's compensations, Work Loss Data Institute, (updated 2/14/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK CHAPTER, CERVICAL COLLARS.

Decision rationale: In regards to the use of a cervical collar, this reviewer would not have recommended this request as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The current evidence based guidelines recommend the use of cervical collars for post-operative conditions and traumatic fracture. Otherwise cervical collars are not recommended for generalized neck pain or for cervical strains. There is no evidence in the clinical literature showing that the use of cervical collars is preventative or allows for functional improvement in patients with axial neck pain or sprain injuries. Given the lack of any indication regarding focal trauma to the cervical spine or any recent post-operative conditions, the request for this durable medical equipment is not medically necessary.

NORCO 5/325 MG QUANTITY :210.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Page(s): 80-81.

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

Decision rationale: In regards to the use of Norco 5/325mg, quantity 210, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. It is noted that the prior denial modified the request for 35 additional Norco tablets with two additional refills. This reviewer would have agreed with this determination. The clinical documentation did not establish the need for 210 tablets of Norco. Therefore, the request for Norco 5/325mg, Quantity 210, is not medically necessary.