

Case Number:	CM14-0013760		
Date Assigned:	02/21/2014	Date of Injury:	03/31/2011
Decision Date:	09/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/03/2014

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 Emergency Medicine, 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 Patient has a reported date of injury of 3/31/2011. No mechanism of injury was provided for review. Patient has a diagnosis of post anterior cervical discectomy, fusion (ACDF) at C5-6 and C6-7 with large herniated nucleus pulposus at C4-5, post ACDF at C4-5 (8/22/13), lumbar spine strain with herniated nucleus pulposus at L4-5, and L-S1 and L shoulder labral tear. Medical reports reviewed. Last report available until 12/30/13. Patient completed neck surgery on 8/22/13, 4 months prior to the report. Patient reports improvement in neck pain. Patient had completed 12 sessions of post-operative physical therapy. Patient reports worst low back and lower extremity pains. Objective exam reveals normal reflex and sensory exam in upper extremities. Lower extremities reveals numbness and weakness at L5-S1. Slightly antalgic gait. Unable to heel toe walk. Decreased lumbar and cervical range of motion. Report reviews multiples X-rays and CTs which are mostly pre-operative. Of note, X-ray of Cervical Spine(12/2/13) shows stable ACDF C4-5 and MRI of lumbar spine(1/28/12) reveals degenerative disc disease with herniation at L4-5, L5-S1 with mild spinal stenosis at L4-5. Urine Drug Screen on 6/23/13 was appropriate. Medication list include Ultram, Celebrex and Norco. Independent Medical Review is for Norco 10/325mg #90. Prior UR on 1/9/14 recommended approval of Celebrex and MRI of lumbar spine and recommend modification of Norco to #51 tabs for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted improvement in function with medications and patient is noted to be having worsening pain even with current opioid therapy. There is no documentation of proper assessment for abuse or a pain contract although proper ongoing urine drug screen is noted. The prescription provides excessive tablets and fails MTUS Chronic pain requirement for close monitoring. Documentation does not support continued use of opioids. Norco is not medically necessary.