

Case Number:	CM14-0110897		
Date Assigned:	08/01/2014	Date of Injury:	04/03/2013
Decision Date:	09/04/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58 year old male was reportedly injured on 4/3/2013. The mechanism of injury was listed as a slip and fall. The claimant underwent a left scapholunate dislocation open reduction internal fixation (ORIF) 4/18/2013. The most recent progress note, dated 6/13/2014, indicated that there were ongoing complaints of neck, back and shoulder pains. The physical examination demonstrated tenderness over the cervical paraspinal musculature with spasm, positive axial compression, reduced cervical spine range of motion, decreased sensation to left upper extremity, no upper extremity (UE) weakness, and 2+ UE reflexes bilaterally. A CT scan of the cervical spine, dated 4/22/2013, showed degenerative changes and bullet fragments in the right paraspinal soft tissues. Plain radiographs of the cervical spine, dated 4/10/2013, showed degenerative disc disease from C3 through C7. Diagnoses include: cervical sprain/strain with left radiculitis, thoracolumbar sprain/strain with bilateral lumbar radiculitis, and bilateral shoulder sprain/strain with possible old left acromioclavicular joint (AC) joint separation and clavicle fracture. Previous treatment included acupuncture and Norco. A request was made for Norco 10/325 milligrams quantity 90 and CT of cervical spine in the preauthorization process on 7/2/2014. A partial certification was granted for Norco quantity 23; however, the CT scan was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 OF 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opioid combined with acetaminophen. MTUS supports short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

CT of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck and Upper Back (Acute & Chronic), Computed Tomography (updated 08/04/14).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address cervical spine CT scans. Official Disability Guidelines (ODG) supports the use of a CT for certain conditions, to include tumor, infection and fracture, or for clarification of anatomy prior to surgery. The claimant had a CT scan of the cervical spine in April 2013, which showed bullet fragments in the soft tissue; therefore, an MRI is contraindicated. Repeat CT is not routinely recommended and reserved for significant change in symptoms and/or findings suggestive of significant. Review of the available medical records failed to document the required guideline criteria to repeat a CT scan of the cervical spine. As such, this request is not considered medically necessary.