

Case Number:	CM14-0124196		
Date Assigned:	08/08/2014	Date of Injury:	02/06/2012
Decision Date:	09/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/06/2014

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 & 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 43-year-old female who reported an injury on 02/02/2012. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of cervical sprain/strain with a history of previous C5-7 anterior cervical fusion and discectomy, status post C4-5 anterior posterior fusion with the left sided C6-7 foraminotomy, dysphasia secondary to above, insomnia due to chronic pain, and anxiety due to chronic pain. The injured worker's past medical treatment includes physical therapy, short term chiropractic care, and medication therapy. Medications include oxycodone IR 50 mg every 4 to 6 hours, Norco 10/325 mg 3 times a day, gabapentin 600 mg 2 tablets before bed, meloxicam 50 mg daily, Soma 350 mg 3 times a day, Ambien CR, and Xanax. A urine drug screen was done on 04/03/2014 revealing that the injured worker was in compliance with her prescription medications. The injured worker underwent anterior posterior fusion at C4-5 level with left sided C6 and C7 Foraminotomy on 12/03/2012. The injured worker complained of cervical spine pain that radiated into the upper extremities, left greater than right. The injured worker also stated that she had anxiety due to the pain. She complained of low back pain and left lower extremity pain, which she rated as a 6/10 with the use of medications and a 10/10 without medications. The physical examination dated 05/02/2014 revealed her cervical spine had tenderness to palpation over the surrounding musculature at the paraspinous, extensor, trapezius, levator scapula, and rhomboids. It was also shown that the injured worker had a range of motion flexion of 20 degrees, extension of 20 degrees, right rotation of 30 degrees, and left rotation of 30 degrees. Examination of the upper extremity revealed decreased sensation in the left C6 and C7 dermatomes. She had some decreased grasp strength in the left arm that was compared to the right. The examination of the lumbar spine revealed tenderness to palpation over the lumbosacral region with positive spasms and limited range of motion. The treatment plan is for

the injured worker to continue her medications which include Oxycodone and Norco. The injured worker is also to await an evaluation with a cervical surgeon to have the anterior plate and screws removed from her cervical spine. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #150: 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 Opioids Page(s): 78 and 92.

Decision rationale: The request for Oxycodone #150 is denied. The injured worker complained of cervical spine pain that radiated into the upper extremities, left greater than right. The injured worker also stated that she had anxiety due to the pain. She complained of low back pain and left lower extremity pain, which she rated as a 6/10 with the use of medications and a 10/10 without medications. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The report submitted lacked some of the above. There was no documentation rating the injured worker's average pain, intensity of pain after taking the Oxycodone, how long it took for the pain relief to kick in, and how long the pain relief lasted with the Oxycodone. There was no mention of side effects or how long the medication worked for. There was no mention as to how long the injured worker had been on the Oxycodone. The MTUS Guidelines also stated that there is to be the use of drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. A urine drug screen was done on 04/03/2014 revealed that the injured worker was in compliance with her prescription medications, but Guidelines do not recommend Oxycodone for the use as an as needed analgesic. Given the above, the request for Oxycodone 5 mg 1 tablet every 4 to 6 hours as needed is not medically

Norco 10/325mg #90: 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 Norco, On-Going Management, page ,and Opioids for chronic pain Page(s): 75,78,80.

Decision rationale: The request for Norco 10/325mg 1 PO TID #90 is denied. The injured worker complained of cervical spine pain that radiated into the upper extremities, left greater than right. The injured worker also stated that she had anxiety due to the pain. She complained of low back pain and left lower extremity pain, which she rated as a 6/10 with the use of medications and a 10/10 without medications. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS Guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS Guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that the Norco 10/325 mg was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding average pain, intensity of pain, or longevity of pain relief. A urine drug screen was done on 04/03/2014 revealed that the injured worker was in compliance with her prescription medications, but there was a lack of documentation regarding consistency. In addition, there was no mention of a lack of side effects. Given the above, the request for Norco 10/325 mg is not supported by the California MTUS. Furthermore, the request did not stipulate duration of the Norco. As such, the request for Norco 10/325 mg 1 tablet 3 times a day is not medically necessary.