

Case Number:	CM14-0140809		
Date Assigned:	09/19/2014	Date of Injury:	05/20/2011
Decision Date:	11/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/31/2014

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, has a subspecialty in Interventional Spine 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 is a 58 year old female with date of injury 5/20/11. The treating physician report dated 8/1/14 indicates that the patient presents with continued neck pain status post cervical fusion C5-7 on 4/3/14. Currently the patient has neck pain with right upper extremity pain that is rated a 6/10 and 8/10 without medications. The physical examination findings reveal decreased right reflex for both biceps and triceps, minimal cervical tenderness with posterior spasms and 7/25/14 x-rays are normal for status post ACDF. The current diagnoses are: 1.S/P ACDF C5-7 on 4/3/14.2.Cervical spondylosis with radiculopathy3.Cervical strain and lumbosacral strainThe utilization review report dated 8/13/14 denied the request for Norco 10/325 #90 and modified the request to certify one month of Norco for weaning purposes as the patient is 4 months post-surgical fusion.

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 Opioids
Page(s): 74-96.

Decision rationale: The patient presents with chronic neck pain and right upper extremity pain and paresthesia status 4 months post-surgical fusion of C5-7. The current request is for Norco 10/325 #90. The treating physician report dated 8/1/14 states, "The pain is worse. It is 8/10 without medications and is 6/10 with. She has been trying to get into her new physical therapy." In reviewing the previous reports post surgically dated 5/23/14 and 7/3/14 the treating physician states that a urinary drug screen is required, medications help decrease pain and the pain is much better. The MTUS guidelines indicate that Norco is indicated for moderate to moderately severe pain. In reviewing the treating physician reports that were submitted, the treater has documented the patient's pain levels with and without medication usage but does not discuss any functional improvements with medication usage. MTUS goes on to discuss that the four A's (analgesia, ADL's, Adverse effects and Adverse behavior) must be documented for continued medication usage. Norco has been prescribed since at least 3/28/14 prior to her cervical fusion and in all of the reports submitted there is no information regarding any functional improvement with the medication and there is no information found regarding adverse effects or adverse behaviors. In this case it is difficult to tell if the prescribed Norco is providing functional improvement as required by the MTUS guidelines and the utilization review physician has authorized a one month supply of Norco for weaning purposes. The request is not medically necessary.