

Case Number:	CM14-0152274		
Date Assigned:	09/22/2014	Date of Injury:	09/27/2001
Decision Date:	10/22/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 09/29/01 when, while driving a van his vehicle was struck on the right rear side by a car while it was stopped. She was placed out of work for a few days and then returned to work until December 2011. She had not return to work since. In 2003 she underwent an ACDF. In 2009 she underwent a lumbar spine fusion with removal of hardware in 2011. Treatments have included epidural injections. She was seen by the requesting provider on 12/09/13. There had been improvement in pain after an increase in MS Contin. Average pain was rated at 5-6/10. She was having difficulty sleeping. Medications were Gralise 800 mg/day, Lorzone 750 mg #60, MS Contin 30 mg #60, and Norco 10/325 mg #180. Physical examination findings included decreased lumbar spine range of motion with pain radiating into the legs. Gralise was discontinued. Ambien was prescribed and her other medications were refilled. Recommendations included a regular home exercise program. On 03/05/14 she was having neck and left arm and low back and left leg pain and left upper and lower extremity weakness. Pain was rated at 6/10. There was consideration of increasing her MS Contin dose and decreasing Norco to four times per day. On 01/08/14 she was seen for pain management follow-up. Medications included MS Contin 30 mg #60 and Norco 10/325 mg #180. She had ongoing pain rated at 6/10. Medications are referenced as working well. On 07/02/14 there had been improvement after a cervical epidural injection. She was having severe low back and leg pain. Physical examination findings included pain with cervical spine range of motion and paraspinal and trapezius muscle tenderness with spasm. She had decreased left upper extremity strength. She had guarded lumbar spine movements with muscle spasms with decreased bilateral lower extremity strength and sensation. She had an antalgic gait and difficulty

transitioning positions. Urine drug screen results were reviewed. She was referred for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qid prn #120 for chronic neck, low back, left leg and left arm pain:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 edition, McGraw Hill, 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 79, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating neck and low back pain. Treatments have included cervical and lumbar spine surgery. She has not returned to work. Medications have included MS Contin and Norco and in January these were being prescribed at a total morphine equivalent dose (MED) of 120 mg/day. In this case, there is no evidence of progress towards a decreased reliance on medical care or any return to work plan. The claimant appears to be becoming more dependent in terms of medical care usage. Criteria for discontinuing opioids include when there is no overall improvement in function and therefore continued prescribing of oxycodone was not medically necessary.