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| Case Number: | CM14-0163098 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 08/06/2013 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Family Practice, has a subspecialty in Occupational 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 is a 45 year old male truck driver who sustained an industrial injury on 8/6/2013 when bins were dropped on his head. Cervical spine x-rays dated 8/8/13 revealed mild degenerative changes of the lower spine with no definite bony fractures. Cervical spine MRI dated 11/16/13 revealed the following impression: (1) No significant disc herniations or neural foraminal narrowing (2) Mild facet and uncinated joint hypertrophy at C5-6 causing mild lateral recess stenosis. (3) Mild posterior disc osteophyte complex at C4-5, however no significant neural foraminal narrowing or disc herniations. Medial branch diagnostic blocks were performed on 2/6/14, however RFA was not recommended. AME dated 4/14/14 diagnosed the patient with cervical sprain/strain with muscle guarding, C4-5 and C5-6 facet hypertrophy, right shoulder mild impingement and resolved left shoulder sprain/strain. The AME noted that the patient should continue to follow with his treating physician and have pain medication, muscle relaxants and work hardening therapy to increase ROM and strength of his neck and right shoulder. An 8/1/14 new patient consultation notes that the patient has chronic neck and shoulder pain. It is noted that he has tried and failed conservative therapy including PT, chiro, NSIADS, muscle relaxants and opioids. The patient was seen on 8/29/14 at which time he noted pain is 7/10 without medications and is 1-2/10 with medications. He is taking Norco one or twice a day for severe pain. UR dated 9/11/14 modified the request for Norco 10/324 mg #60 to one prescription of #42. The request for Tramadol ER 150 mg #60 and Naproxen 550 mg #60 was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Evidence based guidelines do not recommend opioids for chronic non-malignant pain. Furthermore, it is note that the patient has been previously treated with opioids without benefit. Long term use of opioids can lead to opioid dependence, tolerance and testosterone imbalance in men. The request for Norco 10/325mg #60: is not medically necessary.