

Case Number:	CM14-0169960		
Date Assigned:	10/20/2014	Date of Injury:	09/24/2012
Decision Date:	12/24/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This is a 48-year old male with a work related head and neck injury dated 09/24/2012 that resulted when a screw gun fell onto his head per Utilization Review report. According to a Physician's Progress Report dated 09/23/2014, the injured worker presented with complaints of persistent neck and low back pain, with his neck pain being associated with intermittent headaches. Diagnoses included post-concussion syndrome, cervical sprain/strain, cervical degenerative disc disease, clinically consistent cervical radiculopathy, and headache-post concussion. Treatments have consisted of physical therapy and medications. Diagnostic testing included MRI of the cervical spine dated 10/24/2012 with C5-6 moderate degenerative disc disease with mild retrolisthesis with 3mm broad based disc osteophyte complex and facet hypertrophy; mild to moderate central canal narrowing, moderate severe right and moderate left neural foraminal narrowing; at C4-5 mild degenerative disc disease with central canal narrowing and right neural foraminal narrowing; and at C3-4 a 2mm disc osteophyte complex and facet hypertrophy with mild right neural foraminal narrowing. A CT of the head without contrast dated 10/19/2012 noted no intracranial bleed, no fracture, and no hydrocephalus. EMG and nerve conduction study of the right upper extremity dated 12/06/2012 was normal. Work status is noted as modified work. On 10/09/2014, Utilization Review modified the request for Norco 10/325mg #60 to Norco 10/325mg #50 for purposes of taper and discontinuation over the course of the next 1-2 months citing CA MTUS Chronic Pain Treatment Guidelines. The Utilization Review physician stated that there was no documentation of clinical efficacy with prior use as demonstrated by reduction in VAS pain scores and improved tolerance to specified activities that is measured and compared with and without hydrocodone/APAP; an absence of aberrancy with copies of a UDS report for review and a signed pain contract; or any recent attempts to reduce

opioid requirements. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

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 Drug Testing, Opioids, Functional Improvement Measures Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 48 year old male has complained of neck and low back pain since date of injury 9/24/2012. He has been treated with physical therapy and medications to include opioids since at least 9/24/2012. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not as medically necessary.