

Case Number:	CM14-0173227		
Date Assigned:	10/23/2014	Date of Injury:	09/22/2004
Decision Date:	12/02/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 55-year-old male with an injury date of 09/22/2004. Based on the 09/23/2014 progress report, the patient has persistent pain in his neck which radiates into both parascapular regions. He has difficulty getting his hand above the shoulder level with overhead activities. In regards to cervical spine and upper extremities, the patient has severe intrinsic atrophy and weakness of the intrinsic of both hands, right worse than left. The patient's diagnoses include the following: 1.Brachial plexus, cervical radiculopathy or radial neuropathy. 2.Radial nerve palsy; right wrist drop; C6 radiculopathy. 3.Right trapezial trigger point. 4.Cervical spinal stenosis, severe at C5-C6 and C6-C7 with cord compression. 5.Cervical disk degeneration at C5-C6 and C6-C7. 6.Bilateral ulnar neuropathy, right greater than left, status post ulnar nerve transpositions of both elbows. 7.Carpal tunnel syndrome, right; status post release. The utilization review determination being challenged is dated 10/08/2014. There was one treatment report provided from 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/7.5mg, #120; 3 refills: 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
CRITERIA FOR USE OF OPIOIDS Page(s): 88 89 76 78.

Decision rationale: According to the 09/23/2014 progress report, the patient complains of persistent pain in his neck which radiates into both parascapular regions. The request is for NORCO 7.5 mg, #120; 3 refills. This file contained only one report dated 9/23/14, which states, "The patient has been taking 3 to 4 Norcos per day as well as naproxen." There is no indication of when the patient began taking Norco. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treating physician does not discuss any changes in ADLs due to Norco use. There were no pain scales to show analgesia; no side effects documented and no aberrant drug seeking behavior documentation. No urine toxicology is noted. Recommendation is for not medically necessary.

Naprosyn 500mg, #50 with 3 refills: 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
Medications for chronic pain Anti-inflammatory medications Chronic pain MTUS Page(s): 60 6.

Decision rationale: According to the 09/23/2014 progress report, the patient complains of having persistent neck pain which radiates into both parascapular regions. The request is for NAPROSYN 500 mg, #50 with 3 refills. The 09/23/2014 report states "the patient has been taking 3 to 4 Norcos per day as well as naproxen... He has been using it [naproxen] on a consistent basis." Review of the reports does not provide any further discussion as to how the patient has been doing with this medication. MTUS Guidelines support the use of NSAIDs for chronic low back pain per page 22. In this case, MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. For this patient, there is a lack of any documentation regarding what Naprosyn has done for the patient's pain and function. Recommendation is for not medically necessary.