

Case Number:	CM14-0181129		
Date Assigned:	11/05/2014	Date of Injury:	11/13/2008
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 Pain 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:

This is a patient with a date of injury of 11/13/08. A utilization review determination dated 10/15/14 recommends non-certification of MRI and Norco. 10/30/14 medical report identifies neck pain radiating to the bilateral shoulders with numbness and paresthasias to the upper extremities, hands, and fingers. Pain is 7/10. On exam, there is tenderness, limited ROM, positive shoulder impingement signs, and positive cervical provocative maneuvers. Norco is said to provide 50% decrease in patient's pain with 50% improvement of ADLs such as self-care and dressing. Neck Disability Index is 32 (64% disability) with Norco and 43 (86% disability) without. The patient has failed tramadol and Nucynta, has a pain contract, and has consistent UDS. There are no adverse effects and no aberrant behavior. The provider notes that the MRI is needed as the patient has new numbness and paresthasias to the bilateral upper extremities, hands, and fingers. She has failed PT, NSAIDs, and conservative measures. PT was also recommended. Earlier reports note pain levels approximately equal to current pain levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed MRI of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Neck & Upper Back- MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat MRIs. ODG notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the provider notes new symptoms suggestive of progression in the form of numbness and paresthesias since the last MRI. In light of the above, the requested cervical MRI is medically necessary.

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider noted 50% pain improvement with the medication, yet the patient's current pain levels are 7/10, which is not consistent with a 50% improvement in pain. Furthermore, these pain levels are unchanged from pain levels noted on medical reports prior to the use of this medication. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.