

<b>Case Number:</b>	CM14-0022089		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/06/2004
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, 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 Physician 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 injured worker is a 51 year old male injured on 05/06/04 when he fell off of a trailer and sustained an injury to his neck and right shoulder. The injured worker underwent right clavicle surgery on 03/16/05 followed by cervical disc replacement at C5-6 and C6-7 in March of 2011. The injured worker was diagnosed with thoracic outlet syndrome and underwent a thoracic outlet release on 10/11/12. During postoperative physical therapy, the right clavicle become dislocated from the sternum resulting in chronic pain especially with the use of the right upper extremity. The clinical note dated 01/14/14 indicates the injured worker complains of chronic anterior upper chest and clavicle pain in addition to constant posterior neck pain. The injured worker also has upper back pain described as burning, shooting pain down the right upper extremity. The injured worker experiences bilateral temporal headaches. Physical assessment reveals tenderness over the head of the clavicle with palpable swelling of soft tissues, range of motion of the right shoulder causes worsening pain in the right clavicle, range of motion in the neck is slightly decreased in all planes, palpable muscle spasm with tenderness of the cervical paraspinal muscles. Current medications include Norco, MS Contin, Fioricet, Tramadol, Tizanidine, and Topiramate. The documentation indicates medications assist the injured worker with activities of daily living, functionality, and overall quality of life. Previous treatments for chronic pain include cervical facet joint injections, cervical radiofrequency neurotomy, surgical intervention, and physical therapy. Cure's report review, urine drug screen review were performed and pain contract in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 60MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments, urine drug screens, and narcotic drug agreements were addressed in the documentation. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics MS Contin 60MG, #60 is recommended as medically necessary at this time with ongoing evaluation.

**NORCO 10/325MG, #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments, urine drug screens, and narcotic drug agreements were addressed in the documentation. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics Norco 10/325MG, #150 is recommended as medically necessary at this time with ongoing evaluation.