

Case Number:	CM14-0035038		
Date Assigned:	06/23/2014	Date of Injury:	10/26/2013
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 63-year-old woman who sustained a work-related injury on October 26, 2013. Subsequently, she developed low back pain and stiffness. The patient has a history of injury to the right shoulder in April 2013 treated with steroid injection. She also was treated with Norco and Neurontin. On 2011, she was reported to have an injury of her neck. According to the Orthopedic specialist report dated on February 5, 2014 the patient was complaining of neck pain radiating to the right shoulder, and lower back pain radiating to the left groin and left posterior hip with tender feeling in the left foot. Examination of the cervical spine revealed no skin abnormality, deformity or palpable spasm. No tenderness was present. Range of motion allowed for flexion and extension of 60 degrees, and rotation of 90 degrees to both sides. Neurologic exam of the upper extremities was normal with regard to sensation, motor strength and deep tendon reflexes without long tract signs or pathologic reflexes. Straight leg raising was negative, sensation and deep tendon reflexes. Examination of the right shoulder revealed painful horizontal abduction, internal rotation and abduction, but full range of motion. X-rays of the cervical spine, showed cervical vertebrae with disc degeneration throughout the cervical spine C3 to T1 without evidence of instability; otherwise normal disc spaces, normal cervical lordosis and alignment, no evidence of instability or stress fracture, no significant degenerative changes and no evidence of foraminal stenosis or narrowing. X-rays of the lumbar spine showed five lumbar vertebrae with degenerative scoliosis and disc degeneration throughout the lumbar spine L1 to S1; otherwise normal disc spaces, normal cervical lordosis and alignment, no evidence of instability or stress fracture, no significant degenerative changes and no evidence of foraminal stenosis or narrowing. On November 17, 2013 cervical MRI showed some stenosis at L3-4 but no cord compression; and a lumbar MRI showed multilevel disc degeneration, degenerative scoliosis, some foraminal stenosis, and no focal abnormalities. The patient was diagnosed with cervical and lumbar

spondylosis, foraminal stenosis, and myofascial pain; lumbar degenerative scoliosis; and right shoulder impingement syndrome. Subsequent treatment included physical therapy and medications including Tizanidine, Norco, and Neurontin. These medications have been prescribed at least since 2013. The provider request authorization to use Norco, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Criteria for use of opioids Page(s): 179.

Decision rationale: There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. There is no recent evidence of objective monitoring of compliance of the patient with her medications. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 2.5 mg #60 is not medically necessary at this time.

Ultram ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: Although, Ultram may be needed to help with the patient pain there is no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Ultram ER #60 is not medically necessary at this time.