

Case Number:	CM14-0035578		
Date Assigned:	06/23/2014	Date of Injury:	07/17/2012
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas. 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 injured worker is a 51-year-old male who had a work related injury on 07/17/12. He was involved in a work related traffic accident, when he was rear ended by a tractor trailer. An extension injury to the neck with immediate stiffness in the neck is noted. Later that day, the injured worker went to urgent care and was referred for a course of physical therapy. This was not beneficial. The injured was referred to an orthopedic surgeon, who prescribed laser therapy and medication. Laser therapy treatments exacerbated the pain and he received two chiropractic treatments which also exacerbated the pain. Care with a pain management physician with a trigger point injection with relief lasting one day is noted. The injured worker was under pain management for 8 months. The injured states he improved and no longer was in need of treatment. Over time, pain in his neck had increased. The injured worker had a cervical fusion at C4-5 and C5-6 in August of 2011. Subsequently the injured reached maximum medical improvement on 12/06/11 and was doing well until the injury of July of 2012. Computed tomography (CT) scan of the cervical spine dated 01/28/2014 at C2-3 disc space there is no central or foraminal stenosis. At C3-4 disc space there was a 1-2mm right paracentral protrusion without spinal stenosis or foraminal compromise. At C4-5 disc space, interbody screws and metallic fixation plate and appropriated anterior fusion graft is noted. No central or foraminal stenosis. At C5-6 disc space and appropriated anterior fusion graft and interbody screws and metallic fixation plate is in place with beam hardening artifacts. At C6-7 disc space there are beam hardening artifacts obscuring the detail. At C7-T1 disc space there are degenerative changes of facet joints with marginal osteophyte formation bilaterally. A 1mm anterolisthesis was present. Magnetic resonance imaging (MRI) of the cervical spine dated 01/28/2014, at the C3-4 disc space there is a 1-2mm right paracentral protrusion without central or foraminal stenosis. There is adequate decompression of the thecal sac and foramen quite capacious spinal

canal is present. At C6-7 disc space, below the fusion there are phase artifacts without central or foraminal stenosis being present. At C7-T1 disc space there is a 1mm anterolisthesis and minor degenerative changes at the left facet joint with minimal subarticular marrow edema being present. There is no myelomalacia or cord edema. The most recent progress note dated 05/2014 on physical examination revealed a healthy appearing male standing 5 foot 10 inches tall and weighing 190 lbs. He has a healed cervical incision. He has restricted cervical range of motion. He has pain with cervical extension. He has pain in the trapezial area, left greater than right. He is neurologically and vascularly intact. There was a urinary drug screen dated 03/10/14 which was consistent with the medications that he was on. Current request is for Norco 10/325mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

Decision rationale: The request for Norco 10/325mg #60 with 1 refill is not medically necessary. The clinical documentation does not support the request. There is no documentation of functional improvement, or decrease in pain. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.