

Case Number:	CM14-0040306		
Date Assigned:	06/27/2014	Date of Injury:	09/30/2004
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational 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:

The patient is a 52-year-old male, who has submitted a claim for lumbar spine strain and cervical spine strain; rule out cervical spine radiculopathy and bilateral ulnar nerve neuropathy associated with an industrial injury date of September 30, 2014. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain in the cervical spine radiating to bilateral upper extremities. Patient also complained of numbness and tingling sensation in both hands. Physical examination of the cervical spine showed paracervical spasm. Range of motion (ROM) of cervical spine was 20 degrees on flexion; 10 degrees on extension; 20 degrees on right lateral flexion and 15 degrees on left lateral flexion. ROM of the back on forward flexion was 50 degrees; extension at 25 degrees; right lateral bending at 30 degrees and left lateral bending at 30 degrees. Lumbar spine tenderness and paraspasm were noted. Examination of the wrists and hands showed a positive Tinel's sign on bilateral hand. Patient had decreasing grip on the right as compared to the left. Decreased sensation in C5-6 and C6-7 dermatome noted on the right. Treatment to date has included Neurontin, Norco, Vicodin, Lidoderm patch and left knee arthroscopy. Utilization review from March 26, 2014 denied the request for Norco 10/325 mg # 120 because the request for Norco does not appear medically necessary. The patient's functional level and specific capacity for activities of daily living is unclear in the submitted documentation. The patient does not meet the guideline criteria for ongoing use of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since December 19, 2012. The most recent progress report, dated June 19, 2014, showed at least 40% functional improvement with the patient's medications versus not taking any medications at all. Urine drug screening was likewise performed as cited from progress report dated March 19, 2014. Guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 10/325 mg # 120 is medically necessary.