

Case Number:	CM14-0042055		
Date Assigned:	06/30/2014	Date of Injury:	08/25/2010
Decision Date:	09/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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:

This is a case of a 37-year old female who has filed a claim for multi-level cervical spine disc herniation with severe central and lateral stenosis, cervical spine disc protrusion, severe spinal cord compression with myelomalacia, partial Brown-Sequard syndrome, status post right shoulder rotator cuff repair associated with an injury date of 08/25/2010. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient still reports of ongoing cervical spine pain with spasms along the neck and back, radiating along the arms with numbness and weakness into both hands. She also complains of ongoing low back pain with numbness and weakness of the left lower extremity to the foot. She reports that current medications do help with neck pain moderately and temporarily. Upon review of systems, she apparently reports of acid reflux, diarrhea, sexual dysfunction, and numbness in half of her body. Physical examination shows a slow and cautious gait with guarded neck movements. Examination of the cervical spine shows spasms over the paracervical muscles and intrascapular musculature, tenderness of the scalene muscles bilaterally with +3 spasms, and tenderness over the cervical spinous processes from C3 through C7 upon palpation. Cervical ranges of motion were limited in all planes by pain and muscle guarding. Spurling's test, Foraminal compression test, Lhermitte's sign were positive bilaterally. Hoffman's pathological reflexes were also positive bilaterally. Upper extremity motor strength testing showed weakened wrist extension, elbow extension, and finger abduction at 4/5. Treatment to date has included status post right shoulder rotator cuff repair, physical therapy, medications, and home exercises. Medications taken included Hydroxyzine, Bupropion, Estazolam, Risperidone, Xanax, Ibuprofen, Neurontin. She was apparently on Vicodin since August 2012. No utilization review regarding the request for Norco has been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #90 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: As stated on page 78-79 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Opioids appear to be efficacious for chronic back pain, but limited for short-term pain relief. Norco is indicated for moderate to moderately severe pain with a recommended maximum dose of 60mg/24 hours for hydrocodone. Opioid use should be discontinued (a) If there is no overall improvement in function, unless there are extenuating circumstances, (b) Continuing pain with the evidence of intolerable adverse effects, (c) Decrease in functioning, (d) Resolution of pain, (e) If serious non-adherence is occurring, or (f) The patient requests discontinuing. In this case, the patient has been on hydrocodone+acetaminophen since August 2012. Also, there was no documentation of any aberrant behavior or monitoring drug use, e.g. urine drug screening. The clinical indication has not been established. Therefore the request for Norco 5/325 #90, Body Part: Cervical Spine is not medically necessary.