

Case Number:	CM14-0050711		
Date Assigned:	06/23/2014	Date of Injury:	09/13/2010
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 61-year-old male who was injured on September 13, 2010. The mechanism of injury occurred while the claimant was driving a truck and the load shifted suddenly. The most recent progress note, dated June 4, 2014, indicates that there are ongoing complaints of neck and low back pain with associated numbness into the left upper and lower extremities. The pain is currently rated as 7-8/10 on the visual analog scale. Overall, the claimant indicates that the condition is getting worse; he has persistent complaints of pain and difficulty sleeping at night. Norco is currently being utilized four times daily in combination with gabapentin and docuprene. The physical examination demonstrated a wide stance gait, limited cervical and lumbar range of motion, and there is tenderness palpation about the lumbar spine extending into the paraspinal muscles. Sensation is diminished in the left lower extremity in an L5 and S1 distribution and in the left upper extremity in a C5 and C8 dermatomal distribution. Spurling's test is positive and weakness is noted with left wrist extensors. Quadriceps and hamstrings are weakened in both lower extremities and the claim is documented as being hyperreflexic in all extremities. There is a positive slump test and straight leg raise test cannot adequately be performed secondary to pain. This note indicates that the claimant is utilizing 180 tablets of Norco monthly in combination with Zanaflex, gabapentin, and docuprene. Diagnostic imaging studies objectified pseudoarthrosis in the cervical spine. Previous treatment includes fusion at C5-7, hemilaminotomy at L5-S1, laminotomy at L3-4, and revision of the L5-S1 hemilaminotomy as of November 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support ongoing use of opiate medications when specific criteria are met, including documented improvement in pain and/or objective functional improvement. Additionally, the Chronic Pain Medical Treatment Guidelines indicate that drug screening should be performed. Based on the most recent clinical documents provided, the clinician does not specifically address analgesic quality of the Norco, the duration of relief from each dose, or if there is any concern for aberrant medication taking behaviors. Additionally, the request does not specify the dose, number of tablets, or frequency. As such, the request is considered not medically necessary.