

Case Number:	CM14-0085411		
Date Assigned:	07/23/2014	Date of Injury:	06/02/2011
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 06/02/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his cervical spine. The injured worker underwent an MRI of the cervical spine dated 04/12/2013 that documented there was a mild degree of central canal stenosis at C5-6 with a disc bulge, denting on the thecal sac, a moderate disc bulge at C6-7, denting on the thecal sac, and a disc bulge at C7-T1, denting on the thecal sac. The injured worker's treatment history included anterior cervical discectomy and fusion at C5-C7, the use of a bone growth stimulator, physical therapy, and multiple medications. The injured worker was evaluated on 04/07/2014. It was noted that the injured worker had ongoing pain complaints; however, he felt 50% better since the C5-7 fusion. Physical exam findings included clean, dry, and intact neck wounds with some residual weakness of the right upper extremity; however, it was noted to be improving. The injured worker's diagnosis included status post anterior cervical discectomy and fusion from C5-7. Medications included Norco 10/325 mg 1 every 4 to 6 hours as needed for pain, and Colace 50 mg 1 capsule every day. The injured worker's treatment plan included continuation of medications and physical therapy 2 times a week for 6 weeks. A Request for Authorization to support the request was submitted on 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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 On-Going Management, page(Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by a documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, a quantitative assessment of pain relief and improved functionality resulting from the use of this medication was not provided. Therefore, ongoing use would not be supported. Furthermore, the request as it is submitted does not clearly identify a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325mg is not medically necessary or appropriate.

Colace 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain procedure summary, 03/18/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: California Medical Treatment Utilization Schedule Does/does not recommend the initiation of prophylactic treatment of constipation when opioids are used in the management of chronic pain. However, the concurrent request for opioid usage is not supported. Therefore, the need for prophylactic treatments of constipation would also not be supported. Furthermore, the request as it is submitted does not specifically identify a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Colace 50 mg is not medically necessary or appropriate.