

Case Number:	CM14-0093409		
Date Assigned:	07/25/2014	Date of Injury:	11/25/2005
Decision Date:	10/02/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 records presented for review indicate that this 53-year-old male was reportedly injured on 11/25/2005. The mechanism of injury is undisclosed. The claimant underwent a lumbar interbody fusion at L4/5, L5/S1 on 4/14/2000, and a spinal cord stimulator implant on 9/26/2011, followed by revision to paddle lead on 12/11/2013. The most recent progress note dated 6/4/2014, indicates that there are ongoing complaints of neck pain with radiation to the left upper extremity. Physical examination demonstrated tenderness to cervical, trapezius and lumbar musculature with increased lumbar muscle tone; motor testing: right lower extremity is between 4+/5, left hip flexor 4-/5, left hip extensors 4-/5, left knee extensors 4-/5, left ankle dorsiplantar flexors trace; deep tendon reflexes (DTRs): right patella 2/4, left patella 1/4, achilles 0 bilaterally; positive left straight leg raise; decrease sensation to pinprick and L5, S1 distribution bilaterally; decreased cervical spine range of motion with neck/shoulder pain in extension; decrease sensation along the left posterior lateral forearm/palm; decreased left grip and triceps strength; mild loss of left triceps reflex; mild left triceps muscle atrophy; ambulates with a cane and a left ankle/foot orthotic due to an obvious foot dragging. CT myelogram of the cervical spine dated 1/9/2013 demonstrated disk bulges, facet arthropathy and bilateral foraminal stenosis at C2 to C3, C3 to C4 and C5 C6; right posterior spurring with facet arthropathy with 40 percent decrease in anterior posterior diameter of the spinal canal at C4 to C5. Electromyography (EMG) studies of the upper extremities dated 7/19/2013 revealed bilateral C5, C6 and left C7 radiculopathy; bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment at elbows. CT myelogram of the lumbar spine dated 1/9/2013 demonstrated postsurgical changes at L4 to L5 and L5 to S1; disk bulges and facet arthropathy at L2/3 and L3/4. Previous treatment includes lumbar spine surgery, epidural steroid injections, physical therapy and medications to include

Norco, Soma, Anaprox, Prilosec, Neurontin and Klonopin. A request was made for Norco 10/325 milligrams quantity 300 and was not certified in the utilization review on 6/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has had chronic pain is 2005; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.