

Case Number:	CM15-0101787		
Date Assigned:	06/17/2015	Date of Injury:	09/30/2011
Decision Date:	07/15/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 32 year old male who sustained an industrial injury on 9/30/11. Diagnoses include cervical radiculitis, cervical spondylosis, cervical facet arthropathy, cervical degenerative disc disease. In a primary treating physician report dated 1/28/15, it is noted that he continues to complain of numbness radiating down both arms and severe neck pain, which interferes with all of his daily activities and is taking 6-7 Norco daily. The cervical spine examination notes the injured worker appears tired and arises from seated to standing slowly. Cervical range of motion is markedly restricted in all planes and painful. Motor function of the upper extremities is intact. There is decreased light touch sensation in his dorsal forearms and hands bilaterally. In a treating physician report dated 1/15/15 it is noted that the injured worker has long standing pain since 2012. He was referred for pain in the neck extending into the left upper extremity, into the arms, hands and head. The Visual analog score is 9/10 and neck to limb ratio of 50:50, provoked with cold, sitting, and leaning forward, and decreased with physical therapy. Medications are noted as Norco 8 tablets per day and Tramadol 6 tablets per day. In a treating physician progress report dated 3/9/15, it is noted that the injured worker continues to thrive and increase his overall activities. He is now doing some bending and stretching and some lifting maneuvers but a very limited amount. The Norco allows him to bridge the gap and improve his activities of daily living and walking tolerance. The MRI of the cervical spine dated 6/30/14 was interpreted as showing right neural foraminal stenosis of moderate to severe degree at C3-4 and C6-7, severe left neural foraminal stenosis at C5-6 and C6-7, moderate to severe at

C4-5 and mild to moderate at C3-4. Developmental spinal stenosis was also noted. In addition, there was central stenosis of mild to moderate degree at C4-5, C5-6, and C6-7, and to a mild degree at C2-3 and C3-4. Previous treatment includes physical therapy, home exercise program, chiropractics, anti-inflammatory medication, muscle relaxants, opioid medication, epidural, and pain management consultation. Work status is that he is temporarily totally disabled. The requested treatment is Norco 10/325 mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325 mg #240 is not medically necessary.