

Case Number:	CM15-0102083		
Date Assigned:	06/09/2015	Date of Injury:	03/17/2004
Decision Date:	07/14/2015	UR Denial Date:	04/27/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year old female, with a reported date of injury of 03/17/2004. The diagnoses include cervical sprain/strain. Treatments to date have included oral medications, an MRI of the cervical spine, which showed severe spondylosis and multiple disc herniations and associated neural foraminal stenosis, and intermittent traction on the neck. The medical report dated 03/19/2015 indicates that the injured worker stated that she had flare-up of neck pain. She stated that her neck was locked up with severe cramp in the left side extending down her left shoulder. It was noted that the injured worker could not function without pain medication. She used Norco four sometimes five per day, and ibuprofen three times a day. The injured worker asked for a refill on medications. She reported 50% reduction in her pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. She rated her pain 8 out of 10; at best 4 out of 10 with medications; and 10 out of 10 without medications. The physical examination showed limited neck range of motion in all planes; left-sided neck pain with radiation to the left shoulder blade with cervical compression; muscle spasm in the cervical trapezius muscle and cervical paraspinal muscles with palpation; tenderness over the left subacromion; limited left shoulder range of motion; positive left shoulder impingement sign; and crepitus on circumduction passively of the left shoulder. The injured worker continued to work. The medical report dated 02/19/2015 indicates that the injured worker stated that her neck pain was getting worse with severe cramps in her neck with radiation in the left shoulder blade area and tingling down her arm and hand. She rated her pain 8 out of 10; at best 4 out of 10 with medications; and 10 out of 10 without medications. There was limited neck

and left shoulder range of motion. The treating physician requested Norco 10/325mg #140 for pain and Motrin 800mg #90 for inflammation. It was noted that the injured worker was under a narcotic contract with the office, and urine drug screens had been appropriate. The injured worker would have a follow-up re-evaluation in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg #140 (DOS: 3/19/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for neck pain. Medications are referenced as decreasing pain by 50% with a 50% improvement in activities of daily living. When seen, there was decreased cervical spine range of motion with muscle spasms. She had decreased left shoulder range of motion with positive impingement testing. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of less than 50 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Motrin 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for neck pain. Medications are referenced as decreasing pain by 50% with a 50% improvement in activities of daily living. When seen, there was decreased cervical spine range of motion with muscle spasms. She had decreased left shoulder range of motion with positive impingement testing. Medications included Norco being prescribed at a total MED

(morphine equivalent dose) of less than 50 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.