

Case Number:	CM15-0103519		
Date Assigned:	06/08/2015	Date of Injury:	04/27/2004
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 60 year old female, who sustained an industrial injury, April 27, 2004. The injured worker was diagnosed with cervical and lumbar degenerative disc disease status post posterior lumbar fusion L2-L3 with hardware and status post multiple level anterior cervical spine fusion C3-C6, depression secondary to chronic pain. Comorbid conditions include diabetes, obesity, renal failure and esophageal reflux. Treatment has included cervical spine MRI, wheelchair with removable arm and leg rests, intrathecal pain pump (failed), walker and medication (industrial injury-related medications she is presently on: Norco, Zanaflex, Cymbalta and Klonopin). According to progress note of May 11, 2015, the injured worker's chief complaint was neck pain, lower back pain and bilateral leg symptoms of pain, numbness and tingling into the feet. The injured worker was having increased sensation of falling which she attributed to her lower lumbar back pain and she noted difficulty bearing full weight on the right lower extremity, due to pain. The injured worker also complained of severe right sided cervical pain with radiation of pain into the right upper extremity. There was numbness and tingling in the right and left shoulders radiating to the right hand, associated difficulty with gripping and grasping objects. The physical exam noted decreased range of motion to the cervical spine in flexion, extension and rotation. There was moderate tenderness in the midline at all of the cervical levels. There was moderate tenderness in the paraspinal muscles mainly at the base of the neck. There was moderate tenderness in the trapezius muscles right slight more than the left. There was very mild tenderness over the nerve root on both sides of the neck. The deep tendon reflexes were unobtainable at the biceps, triceps or the brachioradialis. There was

decreased range of motion in the lumbar spine. There was moderate tenderness in the right paraspinal muscles and mild to moderate tenderness in the left paraspinal muscles mainly in the lower levels adjacent to the sacroiliac joints. There was moderate tenderness at the sacroiliac joints slightly more to the left, There was mild to moderate tenderness over the sciatic nerves on both sides right more than the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #100 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users of Opioids (6-Months or More) Page(s): 88-89.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Norco is a mixed medication made up of the opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is usually 60-120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction. The pain guidelines in the MTUS directly address this issue and have a number of recommendations to identify when addiction develops and to prevent addiction from occurring. Although the care for this patient does not document all these recommended actions, it does note the worsening of pain in the absence of this medication. The records also document stability in dosing over at least the last 6 months. This is not the pattern you will see in addiction. Since the patient is not displaying signs of addiction, the medication is effective in lowering the patient's pain and the treating provider is regularly following and monitoring the patient, chronic use of opioids in this instance is not contraindicated. Therefore, the requested treatment is medically necessary.