

Case Number:	CM15-0104238		
Date Assigned:	06/08/2015	Date of Injury:	03/25/2010
Decision Date:	07/08/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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 49 year old female, who sustained an industrial injury on 3/25/2010. She reported neck pain after driving over a large pothole. The injured worker was diagnosed as having cervical radiculopathy, cervical post laminectomy syndrome, degeneration of cervical intervertebral disc, myofascial pain, osteoarthritis of spinal facet joint, and cervical spondylosis. Treatment to date has included diagnostics, cervical fusion in 11/2010, physical therapy, cervical epidural steroid injection, functional capacity evaluation, and medications. Currently, the injured worker complains of neck pain with radicular symptoms in the right upper extremity. Pain was rated 6/10 with medications and 10+/10 without. She was considering another cervical injection since her pain has flared up. She reported that medication regime kept pain at a manageable level and allowed completion of activities of daily living. Medication use included Norco, Motrin, Ultram, and Omeprazole. No change in strength or exercise tolerance was noted. A review of symptoms noted mild depressive symptoms. The treatment plan included continued medications, including Norco (use noted since at least 4/2012). Urine toxicology was not submitted. Her work status was not documented. Pain levels appeared worsening since 3/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

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

Decision rationale: The claimant sustained a work injury in March 2010 and continues to be treated for radiating neck pain. Medications are referenced as decreasing pain from 10+/10 to 6/10 with improved activities of daily living. When seen, she was considering another cervical injection. There was decreased cervical spine range of motion with positive Spurling's testing. She had decreased right upper extremity sensation. There was cervical spine tenderness and tightness. Medications being prescribed include Norco and Ultram at a total MED (morphine equivalent dose) of 60 mg per day. 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 and improved activities of daily living. 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.