

Case Number:	CM15-0107423		
Date Assigned:	06/11/2015	Date of Injury:	09/30/2013
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on September 30, 2013, incurring cervical spine injuries, neck and left upper extremity injuries after heavy lifting. He was diagnosed with cervical disc disease, spondylosis, cervical stenosis, cervical radiculopathy, cervical disc herniation, core compression and lumbar spine sprain with spondylosis and disc degeneration. Treatment included pain medications, physical therapy, chiropractic sessions and work restrictions. He underwent a cervical discectomy and fusion in September, 2014. Currently, the injured worker complained of persistent neck pain, stiffness, spasms, numbness and tingling down the bilateral upper extremities. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: This patient is status post cervical discectomy and fusion on September 2014 and presents with residual pain. The current request is for Norco 10/325mg #90. The RFA is dated 05/14/15. Treatment included pain medications, physical therapy, surgery, chiropractic sessions and work restrictions. The patient is TTD. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." This patient is status post cervical discectomy and fusion on September 2014 and presents with persistent neck pain, stiffness, spasms, numbness and tingling down the bilateral upper extremities. This patient has been prescribed Norco since at least 01/06/15. The treater noted on the 01/06/15 report that pain is reduced from 10/10 to 6/10 with medications. The patient is able to perform ADL's, with improved sleep pattern and participation in HEP. CURES were checked on 05/14/15, UDS is routinely administered and there is no indication of adverse side effects with medications. Report 05/14/15 stated that patient is able to continue performing ADL's, participate in therapy program, and HEP with medications. The patient also reported better sleep with medications and pain level on average is decreased from 10/10 to 3/10. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request IS medically necessary.