

Case Number:	CM15-0019350		
Date Assigned:	02/09/2015	Date of Injury:	08/09/2007
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old female who sustained an industrial injury when a large box fell on her on August 9, 2007. The injured worker was diagnosed with cervical radiculopathy, cervical degenerative disc disease, cervical herniated nucleus pulposus, chronic neck pain, and cervical myofascial strain. The injured worker underwent anterior cervical discectomy and fusion in 2011, and lumbar decompression surgeries and debridement between 2011 and 2012. According to the primary treating physician's progress report on January 12, 2015 the injured worker continues to experience neck pain which radiates to the right arm, wrist and left shoulder and increasing low back pain radiating to the bilateral hips and lower extremities. Current medications consist of Norco, Fenoprofen, Prilosec, Anaprox, Elavil, Norflex, Gabapentin, and Ketoprofen cream. Recent treatment modalities consist of trigger point injection on October 30, 2014 (noted as beneficial), physical therapy and medication. The treating physician requested authorization for Norco 5/325 mg # 60; One Soft Cervical Collar Script; Complete Blood Count (CBC) and Complete Metabolic Panel (CMP) to assess safety of medication profile for the use of Norco. On January 22, 2015 the Utilization Review denied certification for Norco 5/325 mg # 60; One Soft Cervical Collar Script; Complete Blood Count (CBC) and Complete Metabolic Panel (CMP) to assess safety of medication profile for the use of Norco. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg #60 is not medically necessary.

One Soft Cervical Collar Script: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical collar is not recommended for chronic cervical complaints including neck sprain. According to the available records, the patient sustained a work related injury on 2007. She continued to have neck pain; however there is no documentation of acute exacerbation or any indication for a collar. Therefore, the prescription of soft cervical collar is not medically necessary.

CBC/CMP to assess safety of medication profile for the use of Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, a urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting UDS test. Therefore, the UDS is not medically necessary. In addition, there is no documentation that the patient has electrolyte imbalance or anemia that required the request for CBC and CMP. Therefore, the request for CBC/CMP is not medically necessary.