

Case Number:	CM15-0130328		
Date Assigned:	07/16/2015	Date of Injury:	10/05/2012
Decision Date:	09/15/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/06/2015

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 is a 44 year old female who sustained an industrial injury on 10/05/2012. The injured worker was diagnosed with cervical radiculopathy, cervical foraminal stenosis and left elbow lateral epicondylitis. The injured worker is status post C5-C6 anterior discectomy and fusion on December 3, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy (14 sessions) and medications. According to the primary treating physician's progress report on June 8, 2015, the injured worker continues to experience neck pain but improving with post-operative physical therapy and increasing left shoulder pain. The injured worker rates her neck pain level at 7 out of 10 without medications and 6 out of 10 on the pain scale with medications. The left shoulder pain was rated as 10 out of 10 on the pain scale without medications and 5 out of 10 with medications. Examination of the cervical spine demonstrated no evidence of tenderness or spasm of the paracervical muscles, spinous processes, base of the skull, trapezius musculature bilaterally, interscapular space or anterior cervical musculature. Sensation to light touch and pinprick were intact in the bilateral upper extremities. Pain with motion and at end range of motion was noted. Flexion and extension was documented at 10+ degrees, left lateral bend at 15+ degrees, right lateral bend at 10+degrees, left rotation at 10+ degrees and right rotation at 18+ degrees. Special testing revealed localized pain. The bilateral shoulders demonstrated no atrophy or swelling with tenderness over the left deltoid. Sensation, pulses and motor strength of the bilateral upper extremities were intact. Range of motion was painful on the left documented as flexion at 72+ degrees extension at 10+ degrees, abduction at 40+ degrees, adduction and internal rotation within normal and external rotation at 20+ degrees. Current medications are listed as Norco, Hysingla ER 30mg, Promethazine and Omeprazole.

The injured worker is on temporary total disability (TTD). Treatment plan consists of completing physical therapy, home exercise program, cervical spine X-rays, possible left shoulder surgery and the current request for Norco 10mg-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narc Norco 10/32mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. The medical documentation reports that the injured worker is on chronic pain medications and she needs these medications to remain functional. The injured worker's opioid medication dosing has remained stable and she appears to be in a maintenance stage of her pain management. The request for narcotic Norco 10/32mg #30 is determined to be medically necessary.