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| Case Number: | CM15-0140568 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 07/07/2006 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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:

This 53 year old male sustained an industrial injury on 7-07-06. He subsequently reported neck and upper extremity pain. Diagnoses include degenerative disc disease cervical spine and cervicalgia. Treatments to date include MRI testing, physical therapy, cervical fusion procedure and prescription pain medications. The injured worker reports continued neck pain with radicular symptoms. Upon examination, there was tenderness in the bilateral cervical paraspinals. Decreased strength was noted in the bilateral deltoids and biceps. Positive foraminal closure test was noted bilaterally. A request for Norco 10/325mg #90 was made by the treating physician.

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 Criteria for use of Opioids.

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

Decision rationale: The claimant has a remote history of a work injury and is being treated for chronic neck pain. When seen, there had been a resolution of radicular symptoms. Medications were decreasing pain by 60% with improved function and ability to perform activities of daily living. There was pain with cervical range of motion and bilateral cervical tenderness. Foraminal compression testing was positive. There was a normal neurological examination. Norco was refilled at a total MED (morphine equivalent dose) of 30 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 decreased pain with improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.