

Case Number:	CM15-0142988		
Date Assigned:	08/03/2015	Date of Injury:	08/25/2009
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old female who sustained a work related injury August 25, 2009. When she opened the back hatch of the company car, the hatch came down and hit her on the back of her neck. She pushed it back up and it came down again on her neck. She experienced progressive neck pain with radiation greater to the right than left trapezius and arms with weakness and numbness over the left side of her face. She was treated with medication, physical therapy and acupuncture without improvement. An MRI of the cervical spine January 2010, showed spondylosis. She received a cervical epidural injection in August 2010 without lasting improvement. A new MRI of the cervical spine October, 2010 showed disc desiccation with decreased disc height with small posterolateral osteophytes and 1 mm disc bulges at C3-4, C4-5, and C5-6. Past history included status post anterior cervical discectomy and fusion C5-6 October 2011 and cervical fusion at C4-C5, C5-C6 June, 2014, right shoulder surgery, pyloric valve surgery, osteoarthritis, and gastritis. According to a physician's comprehensive evaluation report, dated June 30, 2015, the injured worker presented with bilateral neck pain. Current medication included Methylfolate, Lyrica, Flexeril, Cymbalta, Arthrotec, MS Contin, Norco, Prilosec, and vitamins. Diagnoses are right C2-C3 and right C 3-C4 facet joint pain; cervical facet joint arthropathy; chronic neck pain. At issue, is a request for authorization for Norco and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin and Oxycodone in the past as well as Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain scores were not routinely noted. The continued use of Norco is not medically necessary.

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, MSContin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. In this case, the claimant had been on Oxycontin and Oxycodone in the past as well as Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain scores were not routinely noted. The continued use of MSContin is not medically necessary.