

Case Number:	CM15-0143054		
Date Assigned:	08/04/2015	Date of Injury:	01/01/2007
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
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: California, Hawaii

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 was a 34 year old female, who sustained an industrial injury, January 1, 2007. The injury was sustained when the injured worker was lifting luggage onto a conveyer belt, the injure worker felt sudden pain in the right side of the neck. The injured worker previously received the following treatments Norco, Ibuprofen, Effexor, right shoulder MRI which was unremarkable, cervical spine MRI showed high-intensity zone and a disc osteophyte complex at C6-C7 level of the spine, there was modest narrowing of the central canal in association, minimal uncovertebral joint ridging at C5-C6 without stenosis, TENS (transcutaneous electrical nerve stimulator) unit was used regularly and physical therapy with pain relief. The injured worker was diagnosed with pain in the thoracic spine and degenerative cervical disc. According to progress note of April 28, 2015, the injured worker's chief complaint was bilateral trapezius pain. The injured worker continued to have pain in the lower neck, upper shoulders and upper back. The pain radiated to the left cervicobrachial region and periscapular border. The physical exam noted spinous tenderness of C6 and C7. There was increased pain on Flexion at 30 degrees, on extension of 20 degrees and on rotation of 30 degrees at the right cervical spine. The paravertebral muscle examination of both sides showed tenderness and showed palpable tight bands. The trapezius muscle examination on both side showed tenderness and hypertrophy. The treatment plan included a prescription renewal 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 #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck and right shoulder. The current request is for Norco 10/325mg #30. The treating physician states in the report dated 7/24/15, "The patient is using Norco for breakthrough pain. The patient reports her pain level was 7/10 on VAS. With the use Norco, her pain is reduced down to about 3/10 on VAS." (22B) For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has decreased pain, is improved ability to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.