

Case Number:	CM15-0143493		
Date Assigned:	08/04/2015	Date of Injury:	08/07/2012
Decision Date:	09/01/2015	UR Denial Date:	06/22/2015
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: 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 46-year-old man sustained an industrial injury on 8-7-2012. The mechanism of injury is not detailed. Diagnoses include cervicgia with cervical and thoracic radiculopathy. Treatment has included oral medications. Physician notes dated 6-4-2015 show complaints of neck pain with radiation to the bilateral upper extremities with weakness and muscle spasms. The worker states his pain rating is 10 out of 10 without medications and 8 out of 10 with medications. Recommendations include a second opinion from a neurosurgeon, Norco, NSAIDs, cervicothoracic injection, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: 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, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical

importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for radiating neck pain with weakness and muscle spasms. When seen, the assessment references medications as only reducing pain to 8/10 from a level of 10/10. Physical examination findings included decreased cervical spine range of motion with increased muscle tone and trigger point. There was decreased right upper extremity strength. Norco was refilled along with the request that the claimant try non-pharmacological measures in conjunction with medications especially at work. Restricted work was continued which was being tolerated with some difficulty. 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 a two-point decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. The requesting provider does not appear committed to continuing this medication and could decide whether to initiate alternate opioid or non-opioid treatment. However, it is continuing to be prescribed, is being requested, and is therefore considered medically necessary.