

Case Number:	CM15-0144627		
Date Assigned:	08/05/2015	Date of Injury:	04/02/2013
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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:

The injured worker is a 63 year old male, who sustained an industrial injury on 4-2-2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical pain, cervical disc degeneration, cervical facet syndrome, cervical radiculopathy, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release. Treatments to date include anti-inflammatory, Norco, physical therapy, local therapeutic injections, and cervical epidural steroid injections noted to provide 70% improvement in pain for several months. Currently he complained of ongoing pain rated 6 out of 10 VAS with medication and 8 out of 10 VAS without medication. On 7-7-15, the physical examination documented decreased cervical range of motion with tenderness to palpation, tenderness to facet joints, and a positive facet loading. The Tinel's sign was positive to bilateral elbows, and the Phalen's sign was positive bilaterally to the wrists. Decreased sensation and decreased reflexes were noted. The plan of care included prescriptions for Norco 10-325mg, one tablet daily #30 with one refill and Ibuprofen 600mg, one tablet twice daily, #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 Refill: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids Page(s): 76-80.

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-related injury in April 2013 and is being treated for chronic neck and upper extremity pain. Medications are referenced as decreasing pain from 8/10 to 4-7/10 and providing for optimal function and ability to perform activities of daily living. Then seen, Norco was not being taken every day. Urine drug testing was interpreted as consistent with the claimant's medication use. There was decreased cervical spine range of motion with paraspinal muscle spasms and increased muscle tone. There was neck pain with Spurling's testing. There was facet tenderness with positive facet loading. Tinel's and Phalen's testing was positive bilaterally. There was decreased upper extremity strength and sensation. 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 degree of pain relief significant to the claimant and allowing for optimal performance of activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Ibuprofen 600mg #60 Refill: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work-related injury in April 2013 and is being treated for chronic neck and upper extremity pain. Medications are referenced as decreasing pain from 8/10 to 4-7/10 and providing for optimal function and ability to perform activities of daily living. Then seen, Norco was not being taken every day. Urine drug testing was interpreted as consistent with the claimant's medication use. There was decreased cervical spine range of motion with paraspinal muscle spasms and increased muscle tone. There was neck pain with Spurling's testing. There was facet tenderness with positive facet loading. Tinel's and Phalen's testing was positive bilaterally. There was decreased upper extremity strength and sensation. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.