

Case Number:	CM15-0144823		
Date Assigned:	08/05/2015	Date of Injury:	07/07/2004
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
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: California

Certification(s)/Specialty: Internal Medicine

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 61 year old male, who sustained an industrial injury on 7-7-2004. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include cervical disc disorder with myelopathy, thoracic disc disorder without myelopathy, lumbar disc displacement without myelopathy, and unspecified backaches. Currently, he complained of increasing back pain rated 7-out-of-10 VAS. The medical records indicated progressive increase in radiculopathy with numbness in bilateral hands. The records further indicated report "of something moving in the thoracic spine" a few months previous with increased pain and radiation of symptoms to extremities. On 6-25-15, the physical examination documented tenderness to palpation with muscle spasm noted to T5-T6 areas. The plan of care included prescriptions for Percocet 10-325mg, one table ever four hours #180 and Prednisone 10mg, five tablets once a day for five days, #25.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 75 and 91.

Decision rationale: Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations, 2- the employment of non opioid treatments such as relaxation techniques and mindfulness techniques, 3- the establishment of realistic goals, and 4- encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. Our patient has chronic cervical radiculopathy pain which had recently become exacerbated. She also has new radiation of pain to her legs. It is reasonable in such a difficult patient to treat her acute symptoms with Norco. The UR decision is overturned and therefore is medically necessary.

Prednisone 10mg #25: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 5259 and Version 15.0.

Decision rationale: For patients with cervical radiculopathy with clear radicular pain and symptoms of paresthesias, numbness, or non-progressive neurological deficits, a short course of oral prednisone may be given if pain is severe. Systemic or epidural steroids are options for treatment for patients with acute lumbosacral radiculopathy who have persistent radicular symptoms that are refractory to non narcotic meds and activity modifications However, with either systemic or epidural modalities the benefit ,if any, is modest and transient. The above patient has both cervical and lumbar radiculopathy symptoms which are severe and associated with numbness in the hands. The patient should be afforded the opportunity to treat these symptoms with a short course of systemic prednisone and the UR is reversed and therefore is medically necessary.

