

Case Number:	CM15-0146867		
Date Assigned:	08/07/2015	Date of Injury:	01/10/2000
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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 58-year-old female who sustained an industrial injury on 1-10-00. She has a history of "multiple industrial injuries" to her neck, low back and upper extremities. Previous history of neck injuries were in 1991 and 1997. On 1-10-00, the injured worker developed tingling in both hands, indicating that the symptoms were "more on the right than the left". She developed the symptoms while carrying an inanimate object. She was diagnosed with carpal tunnel syndrome and underwent surgical treatment. In 2008, she presented to the provider's office with complaints of neck pain, primarily on the left, with pain radiating to the left side of the head and muscle spasms and pain down her left arm. She also complained of low back pain with radiation to both buttocks and down her left thigh and "stabbing" pain to the back and right thigh. She received cervical and lumbar epidural steroid injections, which are noted as being "successful to decrease her symptoms". In 2009, she presented to the provider's office for a "cervical facet injection". She reported "almost 80%" decrease in pain that lasted 3-4 weeks. She was noted, at that time, to be status-post lumbar spine fusion and continued with conservative treatment of acupuncture, physical therapy, LEIS, and oral medications. On 7-10-15, she presented to the provider's office for a routine follow-up visit. She complained of chronic neck and back pain. She reported that the pain was "worsening". A trial of weaning off Cymbalta was attempted to "see if there were any changes to her pain or depression". She reported a "considerable change". She reported that her depression was improved on the medication and that she has been more "irritable" off the medication. She rated her pain as "7 out of 10" on that visit, but stated that is up from "5 out of 10" on the medication. She reported

that she continues to use Norco, which helps with pain and function. Her diagnoses include long-term use of meds, cervical spondylosis without myelopathy, and lumbar disc displacement without myelopathy. Treatment plan was to continue Norco and naproxen. She was re-started on the Cymbalta, as well as instructed to follow-up with orthopedics to discuss other treatment options, as a repeat CT of the fusion to evaluate healing, had been denied by her insurance carrier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2000 and continues to be treated for chronic neck and radiating back pain. Norco is referenced as decreasing pain from 7/10 to 5/10 with improved tolerance of activities such as cooking and grocery shopping. When seen, there was cervical and lumbar spine tenderness with decreased range of motion. There was decreased 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 decreased pain and improved household activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.