

Case Number:	CM15-0148307		
Date Assigned:	08/11/2015	Date of Injury:	09/03/1999
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/31/2015

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, Indiana, New York
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:

This is a 60 year old female with a September 3, 1999 date of injury. A progress note dated June 9, 2015 documents subjective complaints (ongoing upper back pain and neck pain with involvement of the upper extremities), objective findings (decreased range of motion of the cervical spine; significant muscle spasms with twitching in the left more than right upper thoracic region and low neck region; spasm of the trapezius and rhomboid muscles, worse on the left than the right; decreased sensation in the left ulnar distribution), and current diagnoses (status post cervical spine fusion; evidence of disc bulge by magnetic resonance imaging and computed tomography scan; left upper extremity cervical radiculitis and ulnar radiculopathy). Treatments to date have included physical therapy that was quite helpful, home exercise, cervical spine fusion, medications, and imaging studies. The treating physician documented a plan of care that included Norco 10-325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post cervical fusion C3 - C4 to C-5 - C6; solid fusion at C4 - C5 and C5 - C6; and pseudo-arthritis at C3 - C4; and left upper extremity cervical radiculitis and ulnar radiculopathy. The date of injury is September 3, 1999. Request for authorization is dated June 22, 2015. The documentation shows Norco was first prescribed November 5, 2013. Subjectively, the injured worker has ongoing neck and upper back pain with left upper extremity symptoms. According to the most recent progress note dated June 9, 2015, the injured worker had multiple urine drug tests that were consistent. Subjectively, the injured worker has upper back and neck pain. Symptoms radiate to the upper extremities. Physical therapy has helped, and the injured worker is engaged in a home exercise program. The injured worker is awaiting spinal cord stimulator implantation. Objectively, there is tenderness to palpation and spasm noted. The documentation does not demonstrate objective functional improvement. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement, detailed pain assessments and risk assessments, Norco 10/325mg # 120 is not medically necessary.