

Case Number:	CM15-0165762		
Date Assigned:	09/03/2015	Date of Injury:	04/12/2012
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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 73-year-old female, who sustained an industrial injury on April 12, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery (multilevel anterior cervical discectomy and fusion), x-rays medications and home care. Currently, the injured worker complains of constant neck pain that radiates to her right upper extremity that is rated at 6 on 10. She reports right shoulder pain that radiates to her right elbow and right sided arm pain. The injured worker is diagnosed with post anterior four level decompression and fusion with pseudoarthrosis at C6- C7. Her work status is temporary total disability. The following medications, Norco 10-325 mg #60 and one Medrol dose pack are requested to reduce pain and inflammation post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, When to discontinue/continue Opioids.

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 sustained a work injury in April 2012 and is being treated for neck pain radiating to the right upper extremity and radiating right shoulder and arm pain. She has a history of a multilevel anterior cervical decompression and fusion with pseudoarthrosis at C6-7. She underwent a cervical decompression on 06/17/15. When seen, she was having constant neck pain with radiating symptoms into the right upper extremity. She had undergone surgery less than six weeks before. Additional fusion surgery was being considered. Pain was rated at 6/10. Physical examination findings included a normal examination of her surgical site. There was normal strength. Medications were prescribed including Norco and Medrol. 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. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life or that previous dosing at this MED had been effective. Continued prescribing at this dose is not medically necessary.

1 medrol dose pack: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Corticosteroids (oral/parenteral/IM for low back pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The claimant sustained a work injury in April 2012 and is being treated for neck pain radiating to the right upper extremity and radiating right shoulder and arm pain. She has a history of a multilevel anterior cervical decompression and fusion with pseudoarthrosis at C6-7. She underwent a cervical decompression on 06/17/15. When seen, she was having constant neck pain with radiating symptoms into the right upper extremity. She had undergone surgery less than six weeks before. Additional fusion surgery was being considered. Pain was rated at 6/10. Physical examination findings included a normal examination of her surgical site. There was normal strength. Medications were prescribed including Norco and Medrol. Oral or intramuscular corticosteroids can be recommended in limited circumstances acute radicular pain. In this case, the claimant was having radicular pain in the subacute period after a cervical decompression. Medrol is medically necessary.