

Case Number:	CM15-0182502		
Date Assigned:	09/23/2015	Date of Injury:	08/07/2000
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial-work injury on 8-7-00. He reported initial complaints of pain in neck, right shoulder, and right arm. The injured worker was diagnosed as having carpal tunnel release and chronic C5-6 radiculopathy. Treatment to date has included medication and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) were reported on 5-19-15 that indicated chronic bilateral c5-6 radiculopathy without acute denervation, moderate to severe bilateral carpal tunnel syndrome, moderate bilateral Guyon canal syndrome; ulnar injury at wrist that does correspond with patients symptoms. X-rays were reported on 5-11-15 of the cervical spine that revealed C5-6 and C6-7 discectomy with solid anterior fusion in normal alignment and moderate bilateral left greater than right foraminal narrowing. Currently, the injured worker complains of moderate to severe constant cervical pain and bilateral upper extremity pain with radicular pain, weakness, numbness and rated 7-8 out of 10. Pain interferes with activities and sleep. Medications included Norco 10-325 and Motrin 800 mg. Per the primary physician's progress report (PR-2) on 8-18-15, exam notes ambulation with a slow gait using a cane, cervical tenderness with decreased range of motion, deep tendon reflexes ae 2+ at the bilateral biceps and 1+ at the bilateral triceps, motor strength at 4 out of 5 for the triceps and intrinsic muscles bilaterally. Current plan of care includes revise the treatment plan with prescription for Norco 5-325 mg #60 1 po q 6 hours prn for pain. The Request for Authorization requested service to include Norco 5/325mg #60. The Utilization Review on 9-10-15 denied the request for Norco due to lack of documentation noting

efficacy and possible need for weaning, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines supports the use of opioids in patients with moderate to severe neuropathic pain. Continuing use of opioids may be recommended if the patient has returned to work and has demonstrated significant pain relief and improved functional status. In this case, there is no documentation of objective functional gains secondary to the use of Norco. In addition, there are specific criteria for monitoring and reviewing those on continuing opioid therapy. Most of these criteria have not been documented in this patient, including urine drug screening, a risk assessment profile, a pain contract, and monitoring or pain relief and functional gains. Therefore, the request for ongoing Norco is not medically necessary or appropriate.