

Case Number:	CM15-0196246		
Date Assigned:	10/09/2015	Date of Injury:	03/14/2010
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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: Preventive Medicine, Occupational 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 42 year old male who sustained an industrial injury on 03-14-2010. According to the most recent progress report submitted for review and dated 08-26-2015, the injured worker was seen for bilateral lower neck pain and interscapular pain. He was "maintaining" 70% improvement since receiving a fluoroscopically guided bilateral C5-C6 and bilateral C6-C7 facet joint radiofrequency nerve ablation. Current medications included Avodart, Robaxin, Flector patch, Norco, Ibuprofen, Finasteride and Tramadol ER. Prior medications included Soma, Flexeril, Tizanidine and Tramadol. Cervical ranges of motion were restricted by pain in all directions. Cervical range of motion was decreased by 50%. Cervical extension was worse than cervical flexion. Cervical spasms were positive. There was tenderness upon palpation of the bilateral cervical paraspinal muscles overlying the C5-C7 facet joints. Cervical discogenic and facet joint provocative maneuvers were positive. Spasms in the neck and trapezius were noted. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were 1 and symmetric bilaterally in the upper extremities. Clonus, Babinski's and Hoffmann's signs were absent bilaterally. Muscle strength was 5 out of 5 in all limbs. The provider noted that the remainder of the examination was unchanged from the previous visit. Impression was noted as status post fluoroscopically guided bilateral C5-C6 and bilateral C6-C7 facet joint radiofrequency nerve ablation, right and left cervical facet joint pain at C5-C6 and C6-C7 as diagnosed and confirmed by positive diagnostic fluoroscopically guided right C5-C6 and right C6-C7 facet joint medial branch block, bilateral cervical facet joint pain at C5-C6, C6-C7 and C7-T1, central disc protrusion at C5-C6, right paracentral disc protrusion at C2-C3, moderate to

severe neural foraminal stenosis at C6-C7, central disc protrusion at C3-C with mild central stenosis and mild right neural foraminal stenosis, status post C4-C5 ProDisc artificial disc replacement and cervical facet joint arthropathy. Prescriptions were proved for Norco and Robaxin. The provider noted that Norco provided 70% improvement in pain and activities of daily living such as self-care, dressing. He had an up to date pain contract. Previous urine drug screens were noted as consistent. There were no aberrant behaviors. Norco enabled him to work full time with full duty. With Norco, his Oswestry Disability Index score was 42% disability and without Norco was 62% disability. A random 12 panel urine drug screen was obtained. Work status included full time with full duty. There were no work restrictions. Follow up was indicated 8 weeks. Documentation shows use of Norco dating back January 2015. Urine drug toxicology reports were not submitted for review. On 09-15-2015, Utilization Review modified the request for Norco 10-325 mg #180 with two refills and authorized the request for twelve panel urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with two refills: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The requesting physician is taking measures to assess for aberrant behavior that may necessitate immediate discontinuation of the medications. The provider noted that Norco provided 70% improvement in pain and activities of daily living such as self-care, dressing. He had an up to date pain contract. Previous urine drug screens were noted as consistent. Norco enabled him to work full time with full duty. While Norco is warranted in this case, the request for 2 refills is not supported, as the injured worker will still need to be monitored for compliance and efficacy. The request for Norco 10/325mg #180 with two refills is determined to not be medically necessary.