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| Case Number: | CM15-0200271 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 01/26/2012 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 female with a date of injury on 01-26-2012. The injured worker is undergoing treatment for cervical fusion, radiculopathy, lumbar strain, and depressive disorder. A physician note dated 07-15-2015 documents she has pain in her left shoulder, right shoulder, cervical spine and lumbar spine. She has constant sharp pain. She wears a neck brace. She has increased pain with certain movements. She has decreased sensation in the right C5, 6 and 7. There is positive Tinel's in bilateral wrists and elbows. There is muscle spasm present in the left trapezius and right trapezius muscle. Spurling's test is positive to the left. Cervical range of motion was not tested due to pain. Her lumbar spine has a positive straight leg raise on the right side. There is decreased sensation at L5 and S1. She has weak quad strength. Her left shoulder range of motion is painful. Her right shoulder Speed test, Neer test and Hawkins sign, Yergason sign, O'Brien sign, lift off test and biceps sign are positive. The apprehension sign is positive on testing the shoulder in external rotation and 90 degrees of abduction. The cross chest adduction test is painful and drop arm test is positive. Range of motion is painful. A physician progress note dated 08-26-2015, documents the injured worker has constant pain in her neck, and lower back. No change. She is pending a Magnetic Resonance Imaging of the lumbar spine and computed tomography of the cervical spine. She has had no imaging in regards to her back. She has a 2 level fusion done in 2013 with continued symptoms. A computed tomography is necessary to establish fusion versus non-union. The Magnetic Resonance Imaging is needed for diagnosis and pathology. She is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, and cognitive behavioral therapy. Current medications include

Norco, Gabapentin, and Norflex. The Request for Authorization dated 09-02-2015 includes Norco 10/325mg TID #90 (04-13-2015). On 09-14-2015 Utilization Review modified the request for Norco 10/325mg TID #90 to Norco 10/325mg TID #60 to wean.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Swedlow, et al. Pain Management and the use of Opioids; Webster et al. Relationship between early opioid prescribing for acute occupational low back pain.

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

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving Norco since at least April 2015 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.