

Case Number:	CM15-0200935		
Date Assigned:	10/16/2015	Date of Injury:	12/29/2012
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 with an industrial injury dated 12-29-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical neck pain. According to the progress note dated 08-17-2015, the injured worker reported persistent left sided neck pain radiating into the center of neck into his mid scapula and thoracic region. The injured worker also has pain in the right arm to the elbow. Documentation note that the injured worker stopped smoking cigarettes 4 weeks ago but continues to smoke cannabis. The injured worker tried Norco 5-325mg which did not hold him regarding pain syndrome. The injured worker has been out of medication for 4 days. Objective findings (06-19-2015, 08-07-2015) revealed limited cervical range of motion and axial pain. In a progress report dated 09-23-2015, record indicates that the injured worker is 7 month status post anterior cervical discectomy and fusion (ACDF) at C5-6 and C6-7. The injured worker pain syndrome continues to be persistent to the left side of neck and center of neck with numbness in arms and hands. Current Medications include Gabapentin 300mg and Norco 10-325 mg (since at least August of 2015). The treating physician reported that the injured worker was quite anxious and that he has difficulty with anxiety and tends to hyperventilate. Pain level score was not reported. Objective findings (09-23-2015) revealed limited cervical range of motion, moderate cervical axial pain, and diminished sensation in hands and absent reflexes in the upper extremities. Treatment has included Cervical MRI, X-ray of the cervical spine, cervical fusion, prescribed medications, physical therapy and periodic follow up visits. The injured worker remains on temporary total disability. The treating physician prescribed Norco 7.5-325mg #120, prescribed on 9-23-15. The utilization review dated 10-08-2015, non-certified the request for Norco 7.5-325mg #120, prescribed on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120, prescribed on 9/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines Opioids, page(s) 74-96 (Opioids, criteria for use), Other Guidelines. Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain: After a professional and thorough review of the documents, my analysis is that the above listed issue: Is/was not medically necessary. My rationale for why the requested treatment/service is or is not medically necessary: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 7.5/325mg #120 prescribed on 9/23/15 is not medically necessary.