

Case Number:	CM15-0203214		
Date Assigned:	10/19/2015	Date of Injury:	11/26/2010
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California

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 48-year-old female, with a reported date of injury of 11-26-2010. The diagnoses include thoracic spondylosis without myelopathy, degeneration of cervical intervertebral disc, pain in joint involving shoulder region, chronic pain syndrome, myositis, thoracic or lumbosacral neuritis or radiculitis, neck pain, brachial neuritis or radiculitis, degeneration of thoracic or lumbar intervertebral disc, hand pain, gastroesophageal reflux disease, and symptoms of depression. The medical report dated 08-26-2015 indicates that the injured worker had a history of chronic neck pain. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion, muscle spasm, positive Spurling test, and dyesthesia on left shoulder. The injured worker's pain rating was not indicated. On 06-19-2015, the injured worker rated her pain 8-9 out of 10 without medications, and 6-7 out of 10 with medications. She reported benefit of chronic pain medication maintenance regiment, activity restriction, and rest continued to keep the pain within a manageable level, and allowed her to complete the necessary activities of daily living. It was noted that the injured worker was not working. It was also noted that the cervical epidural steroid injection provided "some relief". The injured worker reported that the pain interfered moderately to severely with her daily activities and overall function. The physical examination showed tightness, tenderness, and spasm in the left posterior trapezius and levator scapula with palpation; 50% restriction of flexion; extension to 50% due to pain; rotation was 30% restricted; positive Spurling's; normal motor function; and dyesthesia on the left shoulder with radiation to the fingertips. It was noted that an MRI of the cervical spine on 04-14-2014 showed C5-6 and C6-7 disc degeneration, disc bulging, and

osteophytic ridging; and an MRI of the thoracic spine showed moderate thoracic scoliosis. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Motrin, Ultram, Cymbalta, Gabapentin, physiotherapy, cervical epidural steroid injection on 01-26-2015, and Prilosec. The patient sustained the injury due to a slip and fall incident. The patient had received an unspecified number of chiropractic, aquatic and PT visits for this injury. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

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.

Decision rationale: Request: Norco 10/325mg #30 This is an opioid analgesic. Criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition, according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The diagnoses include thoracic spondylosis without myelopathy, degeneration of cervical intervertebral disc, pain in joint involving shoulder region, chronic pain syndrome, myositis, thoracic or lumbosacral neuritis or radiculitis, neck pain, brachial neuritis or radiculitis, degeneration of thoracic or lumbar intervertebral disc, hand pain, gastroesophageal reflux disease, and symptoms of depression. The medical report dated 08-26-2015 indicates that the injured worker had a history of chronic neck pain. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion, muscle spasm, positive Spurling test, and dyesthesia on the left shoulder. It was noted that a MRI of the cervical spine on 04-14-2014 showed C5-6 and C6-7 disc degeneration, disc bulging, and osteophytic ridging; and an MRI of the thoracic spine showed moderate thoracic scoliosis. Therefore, the patient has chronic pain along with significant abnormal objective findings. She reported that the benefit of chronic pain medication maintenance regimen allowed her to complete the necessary activities of daily living. Treatments and evaluation to date have included Motrin, Ultram, Cymbalta, Gabapentin, physiotherapy, cervical epidural steroid injection on 01-26-2015, and Prilosec. The patient has had a trial of non-opioid medications including NSAIDs, and Gabapentin for this injury. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/prn basis. The request of the medication Norco 10/325mg #30 is medically necessary and appropriate in this patient.