

Case Number:	CM15-0206369		
Date Assigned:	10/23/2015	Date of Injury:	10/20/2012
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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 49 year old female who sustained an industrial injury on 10-20-2012. Medical records indicated the worker was treated for cervical pain, cervical degenerative disc disease, right C6 radiculopathy (EMG from 2013 with right C-6 radiculopathy and bilateral carpal tunnel syndrome). She also has right rotator cuff strain, chronic pain syndrome, headaches, low back pain and is status post C5-C7 ACDF (anterior cervical discectomy and fusion) in 07-07-2015. In the provider notes of 09-28-2015, the worker is seen for re-evaluation of her neck pain which she describes as "much worse". She states she finished the physical therapy that was authorized and found it significantly helpful for pain and mobility. The injured worker complains of aching neck pain radiating into the head and causing headaches, and radiating into the shoulders with achiness. She is having numbness and tingling in the right arm that extends to the second, third, and fourth fingers. The worker states she was not able to decrease her Norco to four a day. She has been taking five and ran out five days ago causing the pain to be more significant. On examination of the cervical spine, she is tender in the paraspinal muscles and facets from C3-C7. Range of motion is severely restricted in all fields. Reflexes of the biceps, triceps and brachioradialis are 2+. Sensation is decreased in the right arm in a C7-C8 distribution. Bilateral shoulders, elbows, wrist, and fingers have no deficit in muscle strength. Spurling's is negative. Medications include Norco (since at least 04-29-2015), Soma, Trazodone, and Phenergan. Pain levels without medication are reported as 10 on a scale of 0-10, and after medication the pain decreases to a 4-5 on a scale of 0-10. A request for authorization was submitted for a Retrospective Norco 10/325mg, #150 dispensed on 09-28-2015, and Physical

therapy to the cervical spine, 6 sessions. Utilization review decision 10-07-2015 non-certified the request for Norco, and modified the physical therapy request to certify 2 physical therapy sessions to the cervical spine between 09-28-2015 and 11-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg, #150 dispensed on 09/28/2015: Upheld

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

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

Decision rationale: This is a 49 year-old with date of injury of 10/20/12 who has subsequent chronic neck pain. The patient underwent a cervical fusion on 7/7/15. The patient is currently taking #5 Norco 10/325 mg daily, despite recommendations from her physician to decrease to 4 tablets/day. Opioids are not recommended for long-term use. On 8/26/15 the patient rated pain as 6/10 without medications and 4/10 with medications. The patient is also taking Soma and Trazodone, which raise the possibility of dangerous drug interactions with opioids. Further, improvement in function and ADLs is not quantified. Pain reduction does not appear to be significant. Therefore the request is not medically necessary or appropriate.

Physical therapy to the cervical spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS Guidelines state that in the 6-month post-op period, 12 physical therapy (PT) sessions are recommended. Guidelines do not support continuous PT beyond this recommendation. However, PT should not be discontinued until instruction in a home exercise program (HEP) is given. Based on the records, no HEP instructions have been given. One to two sessions of PT should be adequate to accomplish instruction in HEP. Therefore the request for 6 additional sessions of PT is not medically necessary or appropriate.