

Case Number:	CM15-0020572		
Date Assigned:	02/10/2015	Date of Injury:	12/30/2009
Decision Date:	03/25/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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 Jersey, New York
 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:

This 52 year old male sustained a worker related injury on 12/30/2009. The injury occurred when he was involved in a car accident while driving a tow truck. Six weeks after the accident, he was diagnosed as having a spinal injury. In May of 2010 he underwent a cervical spinal fusion and reconstruction. According to the most recent report submitted for review and dated 01/15/2015, the injured worker reported constant neck pain, difficulty swallowing following his neck surgery, left shoulder pain, severe muscle spasms and numbness and tingling in his left arm. Pain was rated 9 on a scale of 1-10, at best a 4 with medications and a 10 without them. He reported 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. Physical examination revealed neck range was very limited in all planes. Cervical compression caused neck pain that radiated in the left shoulder blade area. Palpation revealed muscle spasm in the cervical paraspinal musculature. Motor strength, sensation and deep tendon reflexes were otherwise grossly intact in the upper extremities. Left shoulder exam revealed limited range with positive impingement sign. There was crepitus on circumduction passively. Impression included status post ACDF neck fusion at C5-C6, C6-C7 with fractured screw with anterior plate; there was no translation on flexion-extension views. There were ongoing dysphagia symptoms following anterior plating. Ear, Nose and & Throat Consult suggested dysphagia was related to the plate impinging against his esophagus. Excessive hyperexcretion of the esophagus improve with Mucinex was noted. MRI of the left shoulder revealed tendinopathy, but not cuff tear. Nonindustrial medication problems included hypothyroidism, hyperlipidemia and seasonal allergies. Treatment plan included

Norco as needed for pain and Neurontin for neuropathic burning pain across the neck and shoulder girdle. According to the provider, the injured worker was under a narcotic contract and urine drug screens had been appropriate. On 01/30/2015, Utilization Review non-certified Norco 10/325 mg #120. The submitted Utilization Review did not include guideline references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for over a year without objective documentation of the improvement in functional capacity. The patient has not returned to work. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.