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| Case Number: | CM15-0211690 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 04/29/2014 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 54 year old female who sustained a work-related injury on 4-29-14. Her diagnoses included cervical spondylosis, severe cervical spine stenosis at C5-C6, cervical myelopathy, possible thoracic myelopathy, right cervical facet joint arthropathy, cervical degenerative disc disease and myofascial pain syndrome. Documentation on May 11, 2015 revealed the injured worker reported that the use of Norco 10-325 helped manage her neck and upper back pain. She reported that without Norco she could not cook, prepare meals for her family and walk for one mile as opposed to ¼ mile. She reported that her medications allowed her to do laundry. On 6-5-15 the injured worker reported neck pain with radiation of pain to the shoulders and right arm. She had numbness in the bilateral hands which affected the entire hand. She reported difficulty lifting her arms overhead and noted the pain was worse with lateral rotation and better with flexion and extension. Her medications included Synthroid, Celexa, Abilify, Amitriptyline, Norco (since at least 3-3-15), Motrin and Gabapentin. Objective findings included 4+ - 5 left pincer grasp, right bicep and triceps, a positive Hoffman's test, and pain with limited range of motion with extension and left lateral rotation. An EMG is documented as revealing bilateral carpal tunnel syndrome and an MRI of the cervical spine is documented by the evaluating physician as revealing disc degeneration and disc bulging at C5-6 with mild to moderate left foraminal stenosis. Previous treatment included chiropractic therapy and epidural steroid injection at C5-6. A request for Norco 10-325 mg #120 with two refills for date of service 7-13-15 was received on 8-19-15. On 9-18-15 the Utilization Review physician determined Norco 10- 325 mg #120 with two refills for date of service 7-13-15 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 7/13/15): Norco 10/325mg #120 with 2 refills: Overturned

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

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

Decision rationale: MTUS Guidelines support the careful use of opioid medications if there is meaningful pain relief, support/improved functioning and the lack of drug related aberrant behaviors. This individual meets these criteria. Pain relief is adequately documented, improved functioning is very well documented and there is documentation of no risk factors for misuse. In addition, there is no evidence of misuse over a long period of time. There has been a recent increase in pain, but that is from a recent fall and does not necessarily mean the opioid is suddenly not effective. If pain levels remain high for several months this can be re-reviewed, but at that point in time the Retro (DOS 7/13/15): Norco 10/325mg #120 with 2 refills is/was supported by Guidelines and medically necessary.