

<b>Case Number:</b>	CM15-0223302		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: North Carolina, Georgia 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 49 year old man sustained an industrial injury on 9-19-2008. Diagnoses include cervical radiculopathy. Treatment has included oral medications including Oxycontin (since at least 5-2015), Ibuprofen (since at least 5-2015), Gabapentin (since at least 5-2015), and Norco (since at least 5-2015), ice, physical therapy, home exercise program, and TENS unit therapy. Physician notes on a PR-2 dated 10-1-2015 show complaints of cervical spine pain rated 7 out of 10 with left upper extremity paresthesia and dropping items and vertigo. The worker rates his pain 9-10 out of 10 without medications and 5-6 out of 10 with medications. The physical examination shows a forward flexed posture, tenderness to palpation of the paracervical spine with spasms. Range of motion is guarded and noted to be flexion 30 degrees, extension 30 degrees, bilateral lateral flexion 25 degrees, and bilateral rotation 40 degrees. Spurling's sign is positive and mild torticollis is noted to the right side. Sensation is lost to the C5-C7 dermatomes on the left and upper extremity strength is noted to be 3 out of 5. Recommendations include Oxycontin, Norco, Gabapentin, Nabumetone, Docusate, update cervical spine MRI, consultation for possible cervical spine epidural steroid injection, continue use of ice-heat and TENS unit therapy, continue anti-inflammatory diet, and follow up with neurosurgeon, and follow up in four to six weeks. Utilization Review denied requests for Norco, Nabumetone, and Oxycontin on 10-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 by mouth twice a day quantity 60: Upheld**

**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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not document any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.

**Nabumetone one by mouth twice a day quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Nabumetone does not meet the criteria of as there is no documentation of response to this dose or of any trials of lower doses of Nabumetone. Nabumetone is not medically necessary.

**Oxycontin 40mg one by mouth twice a day quantity 60: Upheld**

**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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as OxyContin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not document any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with OxyContin. The request is not medically necessary.