

Case Number:	CM15-0036514		
Date Assigned:	03/05/2015	Date of Injury:	02/13/2013
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old female who reported an injury on 02/13/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervical disc displacement without myelopathy, cervical disc degeneration, neck pain, cervical brachial syndrome, pain in the thoracic spine, and carpal tunnel syndrome. On 12/23/2014, the injured worker presented for a follow-up evaluation regarding chronic neck and upper extremity pain. The injured worker reported a worsening of symptoms with radiating pain causing numbness and tingling in the bilateral hands. Previous conservative treatment includes massage therapy and medication management. It is also noted that the injured worker has a past medical history significant for cancer of the thyroid. Upon examination, there was normal muscle tone without atrophy in the upper and lower extremities, no edema or tenderness palpated in any extremity, 5/5 motor strength, cervical facet joint tenderness, decreased cervical range of motion by 20% with flexion and extension, full rotation bilaterally, pain with axial loading of the cervical facet joints, and intact sensation. The current medication regimen includes naproxen 550 mg, Protonix 20 mg, diclofenac sodium 1.5%, Norco 10/325 mg, atenolol 25 mg, and methadone 40 mg. Recommendations at that time included continuation of the current medication regimen as well as bilateral cervical facet joint injections at C4-6. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since at least 03/2014. Despite the ongoing use of this medication, the injured worker continues to present with worsening cervical spine pain with radiating symptoms into the bilateral upper extremities. In the absence of documentation of objective functional improvement, ongoing use of this medication would not be supported. The request as submitted also failed to indicate a strength, frequency, or quantity. Given the above, the request is not medically appropriate.