

Case Number:	CM15-0053806		
Date Assigned:	03/27/2015	Date of Injury:	02/14/2009
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/20/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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:

The injured worker is a 35 year old female, who sustained an industrial injury on 2/14/09. She reported pain of shoulders, neck, upper limbs and lower limbs. The injured worker was diagnosed as having cervical spine status post ACDF C5-6/C6-7 with left C6 radiculopathy, lumbar spine sprain/strain, right shoulder sprain/strain and left shoulder sprain/strain. Treatment to date has included oral medications including opioids, physical therapy, home exercise program and anterior cervical discectomy and fusion. Currently, the injured worker complains of continuing headaches and neck pain with radiation of burning and numbness to the left arm, she also complains of low back pain. Upon physical exam, tenderness is noted with spasm of right and left trapezius with diminished sensation of left upper arm and lateral dorsal left forearm. The treatment plan consisted of scheduling (MRI) magnetic resonance imaging of cervical spine, starting acupuncture, reducing amount of narcotics and muscle relaxants, continue home exercise program and continuing Norco, Tizanidine, Ibuprofen and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 75, 79-83.

Decision rationale: Per review of the clinical documentation provided and cited guidelines, the patient has chronic pain issues. This medication is indicated for short term usage. It would not be indicated for this patient and is not medically necessary. A weaning process should be initiated. Per MTUS: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short-acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002).