

Case Number:	CM15-0086508		
Date Assigned:	05/08/2015	Date of Injury:	01/30/2005
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 54 year old male, who sustained an industrial injury on 1/30/05. He has reported initial complaints of injury to the skull. The diagnoses have included cervical spondylosis without myelopathy and other post -surgical status. Treatment to date has included medications, labs, activity restrictions, cervical fusion surgery dated 5/5/09 followed by pseudoarthrosis and removal of cervical plate and repair dated 3/19/13, physical therapy and home exercise program (HEP) with stretching exercises. Currently, as per the physician progress note dated 3/16/15, the injured worker complains of continued activity related neck pain and spasm. The objective findings revealed cervical guarding and tenderness. The current medications included Norco and Doral. There was no urine drug screen noted in the records. Treatment was to modify activities, stretching exercises and medications. Work status is to remain off work. The physician requested treatment/ treatments include/ included Norco 10/325mg #120 and Doral 15mg #30.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90,76-78.

Decision rationale: The patient presents with neck pain. The request is for Norco 10/325MG #120. The request for authorization is dated 03/16/15. Patient is status-post removal of retained anterior cervical plate C6-C7, 11/11/14. Physical examination of the cervical spine reveals guarding and tenderness. Neurologically intact. Patient is to modify activities, continue stretching and exercise. Patient's medications include Norco and Doral. Per progress report dated 03/16/15, the patient is to remain off work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient is prescribed Norco since at least 02/20/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Doral 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Benzodiazepine.

Decision rationale: The patient presents with neck pain. The request is for Doral 15MG #30. The request for authorization is dated 03/16/15. Patient is status-post removal of retained anterior cervical plate C6-C7, 11/11/14. Physical examination of the cervical spine reveals guarding and tenderness. Neurologically intact. Patient is to modify activities, continue stretching and exercise. Patient's medications include Norco and Doral. Per progress report dated 03/16/15, the patient is to remain off work. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-

term use because long-term efficacies are unproven and there is a risk of dependence." Per progress report dated 01/12/15, treater's reason for the request is "for sleep." The patient is prescribed Doral since at least 11/20/14. However, ODG guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. Furthermore, the request for additional Doral #30 would exceed ODG guidelines, and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.