Case Number:	CM15-0235375		
Date Assigned:	12/11/2015	Date of Injury:	01/01/2007
Decision Date:	01/15/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/02/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 76 year old female who sustained an industrial injury on 1-1-07. A review of the medical records indicates she is undergoing treatment for status post C4-C5, C5-C6 spinal cord decompression, anterior approach with relief of severe cord compression, persistent myelomalacia T2 signal 2 millimeter x 10 millimeter at the C5-C6 region, mild adjacent motion segment syndrome C3-C4 greater than C6-C7 - the C3-C4 lesion may have been exacerbated in the motor vehicle accident leading to worsening of bowel and bladder symptoms, bilateral carpal tunnel with Guyon's canal - right greater than left, increasing bowel and bladder dysfunction - which may be secondary to myelomalacia versus thoracolumbar disc - non-industrial, worsening right hip pain with previous left hip replacement 10 years ago, and medical co-morbidities including hypertension, Plavix use, diabetes, and asthma. Medical records (7-14-15 and 10-26-15) indicate complaints of neck pain and bilateral arm pain, affecting the right greater than the left with numbness on the right over the thumb, index finger, and forearm. She rates her pain "6 out of 10". She reports "significant" improvement after surgery with arm strength and reaching ability. However, she reports "little or no" improvement in pain, numbness, and tingling. The record indicates that she has experienced a "flare-up" of symptoms following a family reunion, where she cooked all day on 10-25-15. She also reports that a 3-hour trip has also caused flare-ups. She was involved in a motor vehicle accident with her spouse in August or early September. The physical exam (10-26-15) reveals "mild" spasm and guarding of the neck. Diminished range of motion is noted. Interscapular thoracic pain and numbness with range of motion is noted. The provider indicates that "sensory shows persistent right C4-C5-C6 numbness dermatomal

distribution but some global central numbness in the bilateral hands". Motor strength is diminished in grip strength bilaterally and right greater than left weakness. "Significant" improvement is noted in the right deltoid, biceps, and triceps. Her gait is noted to be "mildly ataxic and broad based". Diagnostic studies have included an MRI of the cervical spine and an EMG-NCV study of bilateral upper extremities. Treatment has included physical therapy, a home exercise program, and medications. Her medications include Plavix and Norco (since at least 2-25-15). The utilization review (11-9-15) includes a request for authorization of Norco 10-325mg #60. The request was denied, but weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #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, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in January 2007 and underwent a multilevel anterior cervical decompression and fusion for severe cervical myelopathy in September 2014. When seen in October 2015, there had been significant improvement in arm strength but little to no improvement in pain, numbness, or tingling. She had been in a motor vehicle accident approximately one month before. She had completed physical therapy and was performing a home exercise program. She was taking hydrocodone two times per day. Gabapentin had helped previously but she had stopped taking it. She was agreeable to restarting it. She had pain rated at 6-8/10. Physical examination findings included a body mass index over 28. There was mild cervical spam with guarding and decreased range of motion. There was interscapular pain and numbness with range of motion. There was persistent hyperreflexia. There was right dermatomal numbness with right greater than left sided weakness. There was a mildly ataxic and broad based gait. Norco 10/325 mg #60 was prescribed. Norco (hydrocodone/ acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Gabapentin had been of benefit before and prescribing this medication appears to have been overlooked. Continued prescribing of Norco is not medically necessary.