

Case Number:	CM14-0139569		
Date Assigned:	09/05/2014	Date of Injury:	11/19/2003
Decision Date:	10/09/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old female who reported an injury on 11/19/2003. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included central disc protrusion of C4-5 level, central and right paracentral disc protrusion, cervical radiculopathy at C7, and bilateral carpal tunnel syndrome. Her past treatment included medication. The injured worker's diagnostic exams consisted of a MRI of the cervical spine on 02/23/2012. Her surgical history was not indicated in the clinical notes. On 08/04/2014, the injured worker complained of worsening pain that was constant, which radiated to the bilateral upper extremities, along the posterior aspect of the arm and along the C7-T1 nerve root. She also reported ongoing hand pain and that her pain in general was affecting her activities of daily living. The physical exam discovered pain and tenderness to palpation over the cervical spine, decreased range of motion of the right hand, decreased sensation to light touch, bilateral shoulder and arm weakness, and constant tingling and numbness in the right hand. Her medications included Norco 10/325mg #180; one tab by mouth every 4 hours as needed, and Flexeril 10mg. The treatment plan comprised of the use of Norco 10/325 #180 and Flexeril 10mg. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen; Opioids, Criteria for use.. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain, page(s) 82; Opioids, specific drug list, page(s) 91 Page(s): 82; 9.

Decision rationale: The request for Norco 10/325mg #180 is not medically necessary. The California Guidelines recommends Hydrocodone/Acetaminophen when there is indication of moderate to moderately severe pain. However, the guidelines do not recommend opioids for neuropathic pain. There is limited assessment of effectiveness of opioids for neuropathic pain. Based on the clinical notes the injured worker's diagnoses were cervical radiculopathy and bilateral carpal tunnel syndrome which are neuropathic in nature. The patient had complaints of radiating pain with tingling/ numbness and arm weakness. The guidelines do not recommend opioids for neuropathic pain due to lack of studies indicating its efficacy towards pain relief. Additionally, the physical exam failed to indicate her pain level. There must quantitative measurable data to evaluate the injured worker's pain level throughout the course of opioid therapy. Also, her pain must be moderate to severe to warrant the use of Norco 10/325. Therefore, due to lack of documentation indicating an objective pain rating, and the indication of neuropathic pain based on the diagnosis of cervical radiculopathy and bilateral carpal tunnel syndrome, the request is not supported. In spite of the injured worker's complaints of pain, the request for Norco 10/325mg #180 is not medically necessary.