

Case Number:	CM14-0148633		
Date Assigned:	09/18/2014	Date of Injury:	05/30/2003
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old female who has submitted a claim for Carpal tunnel syndrome s/p bilateral carpal tunnel release (5/30/03, right; 6/20/07, left); Displacement of cervical intervertebral disc without myelopathy s/p anterior cervical discectomy and fusion C3-4, C4-5 and C5-6 (6/20/07); cervicgia; neck pain and other affectations of shoulder region not elsewhere classified, associated with an industrial injury date of 05/30/03. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained a cumulative injury while working in her capacity as a janitor. A series of diagnostic exams done showed she had evidence of bilateral carpal tunnel syndrome and C3-4, C4-5 and C5-6 disc degeneration for which she underwent bilateral carpal tunnel release and C3-4, C4-5 and C5-6 discectomy, fusion and instrumentation in 06/20/07. However, patient had persistence of pain and went through several other pain relieving modalities including Norco since at least 2010. It is of note that an AME report dated August 19, 2012 reported that patient had persistent pain despite her medications. Also of note, is the report of the possibility of chemical dependency due to her medications, as well as report of a urine drug screen that was inconsistent with her prescribed medications, including amphetamine and metamphetamine. However, there was no copy of the original report on the submitted records for review. 08/04/14 progress report stated that patient had no change in her subjective complaint, which as of progress report 06/19/14 states that she had persistent neck, bilateral shoulder and bilateral hand pain, numbness and tingling. She reports that her medications help to relieve her symptoms. A cervical MRI done in 07/02/14 revealed an anterior cervical fixation and solid body interbody fusion ay C3-6, left C5-6 facet joint fusion, degenerative disease at C6-7, T1-2 and T2-3, slight central spinal canal stenosis at C6-7, moderate stenosis of the right and left neural foramen at C6-7 at the sites of the right and left C7 nerves and a small posterior disc protrusion or disc herniation at T1-2 and T2-3 which contact but do not entrap the underlying

spinal cord. ENT consultation showed no evidence of vocal paralysis. Objective findings showed decreased sensation in the right C7-8 dermatome. Also, Tinel's test was positive bilaterally at the elbow and at the wrists. ROM of the cervical spine was restricted with noted bilateral TMJ tenderness. ROMs of the bilateral shoulder were restricted, with bilateral rotator cuff tenderness. Also, there was paracervical at C2-C7 and T1, parathoracic at T1-T12 and L1, paralumbar at L1-5 and S1, and bilateral sacroiliac and trochanteric tenderness. Upper and lower extremity motor strength was intact. Biceps DTR at the right was +1 and absent at the left. Brachioradialis DTR was trace on the right and absent on the left. Triceps DTR was absent bilaterally. Lower extremity DTR was +1 at the knees and absent at the ankles, bilaterally. Plan was to continue medications and referral to a university-level physical medicine specialist. Treatment to date has included surgery, occipital nerve blocks, radiofrequency ablation and medications (Norco and Soma since at least 2010). Utilization review date of 09/05/14 denied the request for Norco because there was no documentation of maintained increase in function or a decrease in pain with the use of the medication. There was likewise documentation of possible inconsistent urine drug testing as well as absence of documentation of such.

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 Page(s): 23, 29, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Also, "there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Decision for continuation of opioid medication depends on return to work and improvement in patient pain and functioning. In this case, the medical records are unclear regarding the duration of opiate use to date, only that it must have been used since 2010. The records provided did not specify that patient has set goals regarding the use of opioid analgesics. A treatment failure with non-opioid analgesics is likewise not specified. There was likewise no documentation of response in regards to pain control, functional improvement in patient symptoms and capacity to perform her ADLs with the use of opioid analgesics. No urine drug screen for the prescribed medications was done recently. Records do not clearly reflect lack of adverse side effects or aberrant behavior. There was no return to work nor was there improved pain and functioning. The continued review of overall situation with regards to non-opioid means of pain control is also not documented in the records provided. Therefore, the request for Norco tablets 10/325mg, #120 is not medically necessary.

