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| Case Number: | CM14-0162358 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 03/17/2011 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 41-year-old man who sustained a work related injury on March 17, 2011. Subsequently, he developed chronic neck and left upper extremity pain. The patient underwent a C5-7 anterior cervical fusion on May 8, 2012. A nerve conduction study performed on February 7, 2013 showed mild-to-moderate left carpal tunnel syndrome affecting sensory and motor components without evidence of ongoing denervation, as well as mild right carpal tunnel syndrome affecting sensory components. There was no evidence of cervical radiculopathy or peripheral neuropathy. In addition, it was noted that this study showed slight interval deterioration since the previous study performed in 2011. The patient underwent a cervical epidural steroid injection at T1-2 on March 22, 2013. According to a progress report dated August 27, 2014, the patient rated his neck pain as a 3/10. The patient reported a poor quality of sleep as well as a decrease in his activity level due to increased pain in right shoulder. Examination of the cervical spine revealed tenderness with limited range of motion. Spurling's maneuver caused pain in the muscles of the neck radiating to upper extremity. Examination of the thoracic spine revealed normal curvature of the thoracic spine. Full flexion, extension, and lateral bending are noted. The spinous process was non-tender to palpation and percussion. There is no midline shift. The paraspinal muscles were without tenderness increased tone or appreciable trigger point. Motor strength of grip was 5/5 on right and 4-/5 on left. Shoulder abduction was 5/5 on right and 5-/5 on left. Shoulder adduction was 5/5 on right and 5-/5 on left. Shoulder external rotation was 5/5 on right and 5-/5 on left. Shoulder internal rotation was 5/5 on right and 5-/5 on left. Sensation to pin prick was absent over index finger on the left side. UDS done on May 7, 2014 was negative for Flexeril and UDS done on July 3, 2013 was positive for hydrocodone. The patient was diagnosed with post cervical laminectomy syndrome, cervical disc

disorder, cervical radiculopathy, and shoulder pain. The provider requested authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg Tablet #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: < (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime (since at least 2013) without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the Norco 10/325 mg #70 is not medically necessary.