

Case Number:	CM14-0168840		
Date Assigned:	10/16/2014	Date of Injury:	10/15/1999
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine, and is licensed to practice in California. 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:

This is a 57 years old male patient who sustained an injury on 10/15/1999. The diagnoses includes status post cervical and lumbar surgeries, right shoulder surgeries; bilateral upper and lower extremities radiculopathy, right shoulder impingement syndrome, cervicogenic headache, right biceps rupture, left shoulder strain, reactionary depression and anxiety and sleep disorder. Per the doctor's note dated 8/28/14, he had complaints of low back pain with radiation to both his lower extremities, neck pain with associated cervicogenic headaches as well as radicular symptoms in both upper Extremities, ongoing gum pain with recurrent dental abscess. Physical examination revealed cervical spine- tenderness to palpation along the posterior cervical musculature bilaterally, mostly on the right, as well as trigger points palpable along the upper trapezius muscles and medial scapular region, a decreased ROM in all planes, Flexion approximately 30 degrees, extension approximately 30degrees, the lateral bending approximately 30 degrees and rotation approximately 60 degrees, decreased sensation to Wartenberg pinwheel along the posterolateral arms and forearms bilaterally, right greater than left, diminished reflexes along throughout the upper extremities bilaterally, decreased range of motion of the right shoulder when compared to the left; the right shoulder- abduction deficient to 120 degrees and flexion deficient to 120 degrees, internal and external rotation to 40 degrees, a 30% loss of motor strength for abduction at the shoulder on the right when compared to the left; the lumbar spine- tenderness to palpation along the lumbar musculature and increased muscle rigidity, a decreased ROM but able to bend forward with his fingertips to about the level of the knees, extension limited to about 10 degrees, radicular pain at about 60 degrees bilaterally in the modified sitting position with the SLR, intact Reflexes+2. The medications list includes Norco, Roxicodone, Anaprox, amoxicillin and Omeprazole. He has had electrodiagnostic studies dated 3/23/2009 with normal findings; electrodiagnostic diagnostic studies dated 7/8/2008 which revealed

moderate right C6 and mild right C5 radiculopathy with a mild to moderate bilateral C7 radiculopathy; cervical CT myelogram dated 7/2/2008 which revealed an anterior cervical discectomy and fusion from C3 to C7, at C7-T1 a 5-mm Anterolisthesis with a 4 to 5 mm pseudo and or true posterior disc protrusion touching the subarachnoid space, but with no compromise of the cord or the foramina; cervical spine MRI dated 5/23/2005 and 1/3/2006 which revealed a 2 to 3 mm disc bulges at C4-5, C5-6, and C6-7 with minimal central stenosis; lumbar spine MRI dated 3/9/2004 which revealed transitional vertebra of the lumbar spine with partial lumbarization of S1 and rudimentary S1-2 disc, at L4-5 there is moderate central canal stenosis on the right and left neural foramina, highly suspicious 1 to 1.5 cm disc fragment encroaching the left lateral aspect of the thecal sac, at L5-S1 there is a 1.5-mm disc bulge, and L4-5 also has as light anterior subluxation of L4, moderate broad-based disc bulge; EMG dated 8/2/2004 which revealed bilateral L4 and L5 radiculopathies, mild to moderate in degree, electrical on the left and mild on the right; cervical spine MRI dated 6/20/2003 which revealed evidence of prior fusion at C5-6 and C6-7, a 3-mm right paracentral disc bulge at C3-4 and a 1- to 2-mm disc bulge at C4-5 and a 2 mm focal disc bulge and protrusion at C5-6. He has undergone L4-5 and L5-S1 posterior lumbar interbody fusion in 2005, ACDF C3-4, C4-5, C5-6, and C6-7 in 2004, spinal cord stimulator implantation in the lumbar spine on 7/5/2007 and cervical spinal cord stimulator on 10/25/2010. He has had trigger point injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Chapter: Pain (updated 10/30/14), Opioids, criteria for use

Decision rationale: Norco contains Hydrocodone and Acetaminophen. Hydrocodone is an opioid analgesic. According to the cited 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." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by

the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg, QTY: 120 is not medically necessary.