

Case Number:	CM14-0176970		
Date Assigned:	10/30/2014	Date of Injury:	02/19/1998
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/25/2014

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 Family 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 worker is a 63 year old male who was injured on 2/19/1998 during a motor vehicle accident. He was diagnosed with headaches, chronic neck pain, chronic knee pain, neuropathy, chronic low back pain, and shoulder pain. He was treated with surgery (left knee, right knee) and medications including NSAIDs and opioids. On 9/26/2014, the worker was seen for an initial consultation with a pain management physician, and reported neck pain. He reported previous attempts to reduce his Norco use, but with too much pain returning. He reported taking an average of six tablets of Norco 10/325 mg per day which allowed him to perform household chores and other activities of daily living without side effects. Imaging studies recently performed were not available for the office visit. Physical examination of the cervical spine revealed trigger point tenderness of lower cervical facet joints bilaterally, positive Spurling's sign eliciting neck pain, and normal strength of upper extremities. He was then recommended another cervical MRI and renewal of his Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was a request for a repeat cervical MRI as part of a new pain management consultation, who happened to not have many chart reports from the worker's previous doctors at the time of the visit, unfortunately. However, not having reports is not a justified reason alone to order an MRI until the previous MRI has been reviewed. Also, there were no signs or symptoms that suggested a red flag diagnosis or even specific neurologic dysfunction or a reported change in symptoms that might have justified ordering a cervical MRI for this worker. Therefore, the MRI is not medically necessary and is unlikely to assist in the management of this worker's chronic pain.

Norco 10/325 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using Norco chronically for his chronic neck pain. However, there was not sufficient documentation of the worker's previous pain levels, his pain levels with and without his Norco use, and specifically which functions were possible without the Norco use compared to with the Norco use. Without this complete review showing evidence of benefit from chronic use of Norco, the Norco must be considered not medically necessary.