

Case Number:	CM14-0181989		
Date Assigned:	11/06/2014	Date of Injury:	06/10/2009
Decision Date:	12/16/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 42 year old male who was injured on 6/10/2009. The diagnoses are thoracic outlet syndrome, cervical radiculopathy, neck and low back pain. There are associated diagnoses of depression, insomnia and muscle spasm. The MRI of the lumbar spine showed multilevel disc bulge and neural foraminal narrowing. The MRI of the cervical spine showed multilevel disc bulges, canal stenosis and cord compression. The patient completed physical therapy, Botox and steroid injections. On 10/1/2014, [REDACTED] noted tenderness over the paraspinal area of the cervical and lumbar spine. There was decreased range of motion and decreased sensation along C4-5 dermatomes. The pain score or medication effects was not recorded. The medications are Norco, gabapentin and OTC Excedrin for pain. The patient is being evaluated for cervical spine discectomy and fusion surgery. A Utilization Review determination was rendered on 10/17/2014 recommending non-certification for Norco 7.5/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg, 120 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe pain when standard NSAIDs and physical therapy treatments have failed. The records indicate that the patient have complete conservative treatments with non-opioids medications, physical therapy and interventional steroid injections. The patient is being evaluated for cervical discectomy fusion surgery for the treatment of cervical radiculopathy. The increasing severity of the pain is associated with insomnia, depression and muscle spasm. The records indicate that the severe pain is non-responsive treatment with only NSAIDs and Gabapentin medications. It is recommended that documentation during chronic opioid treatments including UDS, compliance monitoring and absence of aberrant behaviors be implemented. The criteria for the use of Norco 7.5/325 mg #120 were met.