MAXIMUS Federal Services

Case Number:	CM14-0093810		
Date Assigned:	09/12/2014	Date of Injury:	03/08/2011
Decision Date:	10/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in 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 injured worker is a 61-year-old male who reported a date of injury of 03/24/2011. The mechanism of injury was not indicated. The injured worker had diagnoses of cervical myelopathy, cervical radiculopathy, cervical instability, stress, anxiety, depression, and C3-4 through C6-7 degenerative disc disease with intervertebral disc herniations and instability. Prior treatments included physical therapy and biofeedback. The injured worker had an EMG/NCV of the cervical spine on 04/20/2011 of both upper extremities with the unofficial report indicating evidence of acute C6 radiculopathy on the right, and an MRI of the cervical spine on 05/06/2011 with the unofficial report indicating C4-5 grade 1 retrolisthesis at C4 combined with moderate disc protrusion, facet uncinate hypertrophy spinal narrowing, and bilateral neural foraminal narrowing. The official reports were not included within the medical records received. Surgeries included a cervical decompression and fusion of unknown date. The injured worker had complaints of severe sharp, stabbing neck pain that radiated to the forehead, causing headaches, radiating symptoms into the right upper extremity with numbness and tingling with significant weakness and pain in the right elbow, right hand, and wrist. The clinical note dated 04/02/2014 noted that the injured worker had difficulty with turning the head, arm gesturing, and positive paravertebral muscle spasms. The injured worker's range of motion of the cervical spine was 30 degrees of flexion, 30 degrees of extension, 20 degrees of right and left lateral flexion, 50 degrees of left rotation, and 60 degrees of right rotation, all were demonstrated with moderate pain. The injured worker had a positive cervical distraction test, maximal foraminal compression test, and shoulder depression test. There was a positive resisted extension test of the elbow, positive tenderness to palpation at the collateral ligaments and osseous structures of the wrist/hand. The muscle strength of the wrist on the right was 4/5 and, the injured worker had a positive Tinel's and Phalen's test. The medications were not indicated within the medical records

received. The treatment plan included the physician's recommendation for immediate inpatient psychiatric treatment. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg ecery 8 hrs. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 76-77. Page(s): 76-77.

Decision rationale: The injured worker had complaints of severe sharp, stabbing neck pain that radiated to the forehead, causing headaches, radiating symptoms into the right upper extremity with numbness and tingling with significant weakness and pain in the right elbow, right hand, and wrist. The California MTUS Guidelines recommend a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. The patient should have at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. When subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. There was a lack of documentation indicating the injured worker failed a trail of non-opioid analgesics. There is a lack of documentation of the injured worker's baseline pain and functional assessments for which the guidelines indicate. Furthermore, the guidelines indicate at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. However, upon examination, the injured worker was noted to have increased anxiety, stress, and depression. In the clinical note dated 04/02/2014, it is noted the physician recommended an immediate inpatient psychiatric treatment for the injured worker for which opioids should be cautiously initiated. The request for Norco 5/325 mg every 8 hrs #60 is not medically necessary.