

Case Number:	CM14-0096793		
Date Assigned:	07/28/2014	Date of Injury:	10/16/2013
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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 in 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 28 year old female who was injured on 10/16/2013. She was diagnosed with post-traumatic headache, neck sprain/strain, and back sprain. She was treated with physical therapy, H-wave, and oral medications including opioids, muscle relaxants, and NSAIDs. On 5/28/14, she was seen by her treating physician for a follow-up reporting her head and neck pain with increased numbness in the right arm, especially at night. Physical examination revealed no erythema or ecchymosis or tenderness of the cervical region, however movement of the cervical spine causes pain. Range of motion of the cervical region is slowly improving, and neurovascular function to the upper extremities appears to be intact. She was then recommended to continue her medications (Norco, Naprosyn), get a cervical MRI, and continue regular duty at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178, 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

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, she reported having neck pain and "numbness" in her right arm at night. The documentation of the physical examination from 5/28/14 did not show any neurologic compromise/abnormality. Also, no red flag symptom or sign was documented in the notes available for review that might warrant imaging. Therefore, without evidence of clear indicators that would justify an MRI of the Cervical Spine, it is not medically necessary.

Norco 7.5/325mg, take one tablet three times a day if needed for pain, #30 with 1 refill:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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, there was not found any evidence of how the worker responded to her Norco use. It is not documented whether or not she gained functional improvement or pain relief from its use. Without evidence of clear benefit, the Norco 7.5/325mg #30 is not medically necessary.