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| Case Number: | CM14-0199440 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 06/15/2004 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/30/2014 |

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/15/04. He underwent an anterior cervical decompression and fusion on 10/09/13. The claimant was seen for physical therapy on 04/22/14. He was having neck pain rated at 7-10/10. Physical examination findings included upper trapezius and incisional tenderness with decreased cervical spine range of motion. He had a forward head posture. He was seen on 04/28/14. He was having neck pain rated at 8/10. Medications included Opana, Opana ER, and Valium. Physical examination findings included cervical and trapezius muscle tenderness. Medications were refilled. On 10/22/14 TENS was providing 80% improvement in pain and function. There had been moderate improvement overall following the surgery. Neck pain was continuing to be a problem. He was tolerating medications without side effects but he was having less benefit due to postoperative pain. Physical examination findings included decreased right upper extremity strength and decreased cervical spine range of motion. He was noted to ambulate with a cane and had an antalgic gait. Opana 10 mg #30, Opana 5 mg #120, Opana ER 10 mg #90, and Norco 10/325 mg #120 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #120 (MED 120): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of Opioids, Ongoing management, When to Continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and underwent an uncomplicated anterior cervical decompression and fusion in October 2013. Medications included Opana and Opana ER at a total MED (morphine equivalent dose) of 180 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, although the claimant has chronic pain and the use opioid medication may be appropriate, the total MED being prescribed was already in excess of that recommended. Therefore, prescribing Norco was not medically necessary.