MAXIMUS Federal Services

Case Number:	CM14-0212177		
Date Assigned:	01/02/2015	Date of Injury:	03/14/2010
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 3/14/2010. Per comprehensive medical-legal evaluation report dated 11/12/2014, the injured worker complains of bilateral lower neck pain and interscapular pain. He reports 50% improvement since receiving the fluoroscopically guided bilateral C5-C6 and bilateral C6-C7 facet radiofrequency nerve ablation. Examination of the cervical spine revealed ranges of motion were restricted by pain in all directions with extension worse than flexion. There is tenderness upon palpation of the bilateral cervical paraspinal muscles overlying the C5-C7 fact joints. Cervical discogenic and facet joint provocative maneuvers were positive. He suffers from spasms in the neck and the trapezius. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in the upper extremities. Clonus, Babinski's and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in all limbs. Diagnoses include 1) status post fluoroscopically guided bilateral C5-C6 and bilateral C6-C7 facet joint radiofrequency nerve ablation 2) right cervical facet joint pain at C5-C6 and C6-C7 3) left cervical facet joint pain at left C5-C6 and left C6-C7 4) bilateral cervical facet joint pain at C5-C6, C6-C7, and C7-T1 5) central disc protrusion at C5-C6 measuring 2 mm with mild central stenosis and moderate right and mile left neural foraminal stenosis 6) right paracentral disc protrusion at C2-C3 measuring 2 mm 7) moderate to severe neural foraminal stenosis at C6-C7 8) central disc protrusion at C3-C4 measuring 3 mm with mild central stenosis and mild right neural foraminal stenosis 9) status post C4-C5 ProDisc artificial disc replacement 10) cervical facet joint arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Overturned

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): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam.The requesting physician explains that Norco 10/e2m every 4 hours provides 70% improvement in the injured workers pain with 70% improvement in activities of daily living such as self-care and dressing. He has a current pain contract and previous UDS were consistent with no aberrant behaviors. The Norco enables the injured worker to work full time with full duty. Tramadol ER was last prescribed on 7/14/2014 and was denied by utilization review.Utilization review dated 11/20/2014 reports that there is not documentation of objective functional improvement or attempt at weaning or tapering. Without evidence of objective functional gains, medical necessity was not established.The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for abherent behaviour that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. Medical reports indicate that the injured worker is able to remain at work full time and full duty with the use of Norco, which is sufficient objective evidence of functional improvement.The request for Norco 10/325 mg #180 is determined to be medically necessary.